2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P02000093044 Feb 05, 2007 08:00 AM **Secretary of State** ZANATTI POOLS, INC. Principal Place of Business Mailing Address 471 LOCK RD., SUITE 88 DEERFIELD BCH FL 33442 7040 W PALMETTO RD #4-801 **BOCA RATON FL 33433** 2. Principal Place of Business - No P.O. Bex # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 54-2071931 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZANATTI, CESAR 471 LOCK RD., SUITE 88 DEERFIELD BCH FL 33442 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title i applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 0 uu Delete Change Addition MILL RANATTI, CEASER NAME NAMI U000000622570 431 LOCK RD APT 88 STREET ADDRESS STREET ADDRESS 02/13/07-80031-006 150.00 DEERFIELD BEACH FL 33442 CITY-ST-ZIP CHY-S1-7IP THILL ☐ Delete Change Addition NAMI STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7(P 11111 Defete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-S1-ZIP Delete Addition Change NAM STRUT ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Delete Change Addition NAME NAME SHALLADORESS STREET ADDIALSS CHY-S1-7IP CHY-SI-ZIP HILE Delete THE ☐ Change ☐ Addition NAME NAME STRUCT ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED