2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90280 038 ***150.00

DOCUMENT # P02000104512

1. Entity Name
LIGHTNING POOLS INC.

'94077021

Principal Place of Business	Mailing Address
17350 NW 74 AVE APT 101 MIAMI, FL 33015 Change → 7681 nw 165 Terr. Miami, Fl. 33015	17350 NW 74 AVE APT 101 MIAMI, FL 33015

04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0747781
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATOS, YOESMILER
17350 NW 74 AVE APT 101
MIAMI, FL 33015
7681 nw 165 Terr
miami, Fl, 33015

DO NOT WRITE IN THIS SPACE

8. The above named entity 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 Yoesmiler Matos. 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATOS, YOESMILER
STREET ADDRESS	17350 NW 74 AVE APT 101
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	S
NAME	CUTINO, MARIELYS
STREET ADDRESS	4344 W 9CT
CITY-ST-ZIP	HIALEAH, FL 330128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Delete.

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; 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.

SIGNATURE: Yoesmiler Matos 4/23/04 (786)317-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #