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2006 FOR PROFIT CORPORATION ANNUAL REPORT

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06-22-2006 90001 004 ***150.00 P03000005525

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Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , ,	EUNETAR FAHAS	iy of state j 696633 10	E DA		
6311 SW 34T HOLLYWOOD,			6311 SW 34TH CT HOLLYWOOD, FL 33023			द्रा)030000			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. ♥, etc.			Suite, Apt. #, etc.			05262006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State			4. FEI Numb			· · · ·	plied For Applicable
Zip	Zip Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required			itional	
6. Name and Address of Current F			Registered Agent Name			7. Name and Address of New Registered Agent				
ESTUPINA 6311 SW 3 HOLLYWO	4TH CT	-				(P.O. Box Numb	er is Not Acceptable	o) —		
				City			FL	Zip Code	•	
		y submits this statement for	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with,	and accept		
the obligations of registered agent. SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE										
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND DIRECTORS 1 P □ Delete 71				E	ADDITIONS	/CHANGES TO OFF		DIRECTORS Change	S IN 11
NAME STREET ADDRESS	ESTUPIN 6311 SW	AN, JORGE	NAME STREET ADDRESS		- !					
CITY-ST-ZIP		OOD, FL 33023		/-ST-ZIP		<u> </u>				
TITLE NAME			☐ Delete	E Æ				Change	☐ Addition (
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
TITLE	☐ Delete				E	-			Change	Addition
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गार्थ			- Delete	nic	<u>. — — </u>				(Inange	- Addition
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP					
TILE			☐ Delete	TITL					Change	Addition
STREET ADDRESS CITY-ST-ZIP		$\langle y \rangle$	•		re Leet address Y-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 cath; that I am an officer or director of the corporation or the receiver or trustee entrowered 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: 6-15.06 954.964 7687										
CIGITAL	JILL.	SIGNATURE AND TYPED DR	PRINTED NAME OF BIGNING OFFICE	OR DIREC	TOR		Date	O	systems Phone #	

JC 8/30

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BLUE COAST POOL, INC.

P.O. Box 4615 Hollywood, Florida 33083-4615 (954) 931-3815

August 29, 2006

DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, FL 32314

Re: No Renewal Notice Received, Ref. Number P03000005525

Blue Coast Pool, Inc.

In reference to our telephone conversation of today's date, I am sending this letter to advise I have not received by mail or computer, a Renewal Notice from the State of Florida, Division of Corporations.

I am writing this letter as instructed which has been agreed there will be no additional \$400.00 due. I certainly appreciate your assistance to resolve this matter to the satisfaction of all involved. My many thanks to you for your very fine resolution.

Yours truly,

BLUE COAST POOL INC

President