

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012557

**FILED**  
**Jun 15, 2008**  
**Secretary of State**

**Entity Name:** SOFISTICATED POOL SERVICE, INC.

**Current Principal Place of Business:**

10580 NW 57TH COURT  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

10580 NW 57TH COURT  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

FEI Number: 56-2314684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVES, EVERSON  
10580 NW 57TH CT  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALVES, EVERSON  
Address: 10580 NW 57TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33076 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVERSON ALVES

P

06/15/2008

Electronic Signature of Signing Officer or Director

Date