

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90210 004 ***150.00

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03282007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000016681			
1. Entity Name SAN JUAN POOL CONSTRUCTION, INC.			
Principal Place of Business 128 MIAMI GARDENS ROAD HOLLYWOOD, FL 33023		Mailing Address 128 MIAMI GARDENS ROAD HOLLYWOOD, FL 33023	
2. Principal Place of Business - No P.O. Box # 8553 Sheraton Dr		3. Mailing Address 8553 Sheraton Dr	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State Miramar Fl		City & State Miramar Fl	
4. FEI Number 41-2078682		Applied For Not Applicable	
Zip 33025		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAN JUAN, RAUL E 128 MIAMI GARDENS ROAD HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name SAN JUAN Raul E. Street Address (P.O. Box Number is Not Acceptable) 8553 Sheraton Dr City Miramar FL Zip Code 33025	
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: <i>[Signature]</i> X DATE: 03/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D SAN JUAN, RAUL E 128 MIAMI GARDENS ROAD HOLLYWOOD, FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD San Juan, Raul E 8553 Sheraton Dr Miramar Fl. 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <i>[Signature]</i> X RAUL E. SAN JUAN PRESIDENT DATE: 03/27/07 DAYTIME PHONE #: (954) 649-3491 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			