2004 FOR PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000036669 04-16-2004 90022 049 ***158.75 1. Entity Name NICE, COOL & BEAUTIFUL PONDS, INC. Principal Place of Business Mailing Address 54033952 2001 BAYSHORE BLVD. 2001 BAYSHORE BLVD. DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business 3. Mailing Address P. O. BOX 1326 Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Chg-P CR2E034 (10/03) City & State City & State HARSON 4. FEI Number 06592 Applied For Not Applicable Zip Country FOUNTY Ellas \$8.75 Additional 34682 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DPEP. PUZ ESTRADA, ROGER A Street Address (P.O. Box Number is Not Acceptable) 3010 NW 13 ST. MIAMI, FL 33125 City PALH HARSON 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 brue R. Pur SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE RUIZ, JORGE R NAME NAME STREET ADDRESS 2001 BAYSHORE BLVD. STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE RUIZ, MELODY B 2001 BAYSHORE BLVD. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TIME

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

04/11/04 JORGE P. PUIZ

727-738-8770

Change

Change

■ Addition

☐ Addition

Davime Phone #

FILED