

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90368 046 ***150.00

DOCUMENT # P03000037128					
1. Entity Name EVERBLUE POOLS, INC.					
Principal Place of Business 5540 WASHINGTON ST #B-114 HOLLYWOOD, FL 33021			Mailing Address 7105 SW 8 ST STE 306 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 400 LESLIE DR		3. Mailing Address			
Suite, Apt. #, etc. 505		Suite, Apt. #, etc.			
City & State HALLANDALE, FL		City & State		4. FEI Number 59-1154913	
Zip 33009		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ-VILLARRAGA, VICTOR 5540 WASHINGTON ST B - 114 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent		
Name LOPEZ-VILLARRAGA, VICTOR			Name LOPEZ-VILLARRAGA, VICTOR		
Street Address (P.O. Box Number is Not Acceptable) 400 LESLIE DR #505			Street Address (P.O. Box Number is Not Acceptable) 400 LESLIE DR #505		
City HALLANDALE			City HALLANDALE		
State FL			State FL		
Zip Code 33009			Zip Code 33009		
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> VICTOR LOPEZ-VILLARRAGA. 04.01.2008					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE OP	<input type="checkbox"/> Delete				
NAME LOPEZ-VILLARRAGA, VICTOR					
STREET ADDRESS 5540 WASHINGTON ST # B - 114					
CITY- ST- ZIP HOLLYWOOD, FL 33021					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY- ST- ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY- ST- ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY- ST- ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY- ST- ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 400 LESLIE DR #505					
STREET ADDRESS CITY- ST- ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY- ST- ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY- ST- ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY- ST- ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY- 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 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> VICTOR LOPEZ-VILLARRAGA 04.01.2008 (305) 226-3443					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					