


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90094 032 ***150.00

| | | | | | |
|---|-----------------------|---------------------------------|---|---|-----------------------------------|
| DOCUMENT # P03000040609 | | | |  | |
| 1. Entity Name D N A POOL SERVICES, INC. | | | | | |
| Principal Place of Business 731 SHOTGUN ROAD SUNRISE FL 33327 | | | Mailing Address 731 SHOTGUN ROAD SUNRISE FL 33327 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 14-1879055 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DIAZ, OSVALDO J 7951 SW 40TH STREET SUITE 206 MIAMI FL 33155 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | |
| | | | City | FL | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| <div> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SOTO, JAIME REY | | NAME | | |
| STREET ADDRESS | 731 SHOTGUN ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL 33327 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | VILLALONGA, ALVARO | | NAME | | |
| STREET ADDRESS | 731 SHOTGUN ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL 33327 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | REY, GIOVANNA | | NAME | | |
| STREET ADDRESS | 731 SHOTGUN ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL 33327 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CABRERA, MIGUEL ANGEL | | NAME | | |
| STREET ADDRESS | 731 SHOTGUN ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL 33327 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DIAZ, OSVALDO J | | NAME | | |
| STREET ADDRESS | 731 SHOTGUN ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL 33327 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing 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 file empowered. | | | | | |
| SIGNATURE: _____ | | | Miguel Angel Cabrera | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 3/11/2004 (954) 916-3636 | | |