

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

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



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1879055

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, OSVALDO J
7951 SW 40TH STREET
SUITE 206
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, JAIME REY 731 SHOTGUN ROAD SUNRISE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLALONGA, ALVARO 731 SHOTGUN ROAD SUNRISE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REY, GIOVANNA 731 SHOTGUN ROAD SUNRISE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, MIGUEL ANGEL 731 SHOTGUN ROAD SUNRISE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, OSVALDO J 731 SHOTGUN ROAD SUNRISE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000360848
05/05/05-80050-017 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-05 (734) 264-6175