# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2011**
**Secretary of State**

DOCUMENT# P03000045455

**Entity Name:** SPLASH POOL CARE, INC.

**Current Principal Place of Business:**

2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331

**New Mailing Address:**

**FEI Number: 20-0005139** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUENTES, VIRGINIA
3850 N 29TH TERRACE
108
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: FUENTES, RAFAEL JR.
Address: 3850 N 29TH TERRACE, SUITE 108
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP
Name: FUENTES, VIRGINIA
Address: 3850 N 29TH TERRACE, SUITE 108
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIRGINIA FUENTES VP 02/22/2011

Electronic Signature of Signing Officer or Director — Date