2007 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

ne of registered agent and title if applicable

OFFICERS AND DIRECTORS

Mailing Address

19463 COLORADO CIRCLE

BOCA RATON, FL 33434

DOCUMENT # P03000049782

JHOGUS POOL CORP.

Principal Place of Business

19463 COLORADO CIRCLE

BOCA RATON, FL 33434

PEREZ, JESUS

SIGNATURE.

10.

TITLE

NAME STREET ADDRESS

NAME

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

19463 COLORADO CIRCLE BOCA RATON, FL 33434

the obligations of registered agent

FILE NOWILL FEE IS \$150.00

PEREZ, JESUS

PEREZ, NELLY

After May 1, 2007 Fee will be \$550.00

19463 COLORADO CIRCLE BOCA RATON, FL 33434

19463 COLORADO CIRCLE

BOCA RATON, FL 33434

FILED May 03, 2007 8:00 am **Secretary of State** 05-03-2007 90029 006 ***150.00 40102310 US CR2E034 (11/05) 02272007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2353727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE IN THIS SPACE 8. The above named antity 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 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees DO NOT WRITE IN THIS SPACE

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 of 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 trusted 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:

enezb SIGNATU D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #