


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

page 1 of 4

DOCUMENT # P03000054329		
1. Entity Name TANLINE POOL SERVICES, INC.		

FILED  
04 MAY -5 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 6441 S.W. 107TH CT. MIAMI, FL 33173	Mailing Address 6441 S.W. 107TH CT. MIAMI, FL 33173
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05102004 Chg-P CR2E034 (10/03)

5. Name and Address of Current Registered Agent	
IGLESIAS, MANUEL 6441 S.W. 107TH CT. MIAMI, FL 33173	

4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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	DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	
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	
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	
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	

300036278483  
05/13/04--01080--020 \*\*150.00

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.	
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SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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## Division of Corporations

## Annual Report

Page 1

Document Number  
P03000054329Business Entity Name  
TANLINE POOL SERVICES, INC.

FEI Number

FEI Number Status ☐ Applied For ☒ Not Applicable ☐ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address	6441 S.W. 107TH CT.		
Suite, Apt. #, etc.			
City, State	MIAMI		FL
Zip Code & Country	33173		

## Mailing Address

Address	6441 S.W. 107TH CT.		
Suite, Apt. #, etc.			
City, State	MIAMI		FL
Zip Code & Country	33173		

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)	IGLESIAS MANUEL		
-or- RA Business Name			
Address	6441 S.W. 107TH CT.		
Suite, Apt. #, etc.			
City, State	MIAMI		FL
Zip Code & Country	33173		

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Continue

Reset



## Division of Corporations

## Annual Report

Page 2

Document Number

P03000054329

Business Entity Name

TANLINE POOL SERVICES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title	D
Name (Last, First, Middle, Title)	IGLESIAS MANUEL
-or- Entity Name	
Street Address	6441 S.W. 107TH CT.
City, State	MIAMI, FL
Zip Code & Country	33173

Title	D
Name (Last, First, Middle, Title)	CANTILLO RAFAEL
-or- Entity Name	
Street Address	10863 NW 7 ST., #12
City, State	MIAMI, FL
Zip Code & Country	33172



Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title     
Officer/Director Signature  Manuel Iglesias *Manuel Iglesias*

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