## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 16, 2008 08:00 All Secretary of State DOCUMENT # P03000066600 EDDY'S POOL SERVICE, INC. Principal Place of Business Mailing Address 110 LAKE EMERALD DR #304 110 LAKE EMERALD DR #304 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 CR2E034 (11/05) 04122008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1173905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRIEDMAN, MARC DO NOT WRITE 8634 NW 59TH PL PARKLAND, FL 33067 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000900060 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ROZA, EDUARDO STREET ADDRESS 110 LAKE EMERALD DR #304 CITY-ST-ZIP FT LAUDERDALE, FL 33309 TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 indice 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

SIGNATURE:

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

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED