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Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90497 015 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079752

1. Entity Name
HOLIDAY POOLS OF PALM BEACH, INC.

04039784

03042004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
3212 SOUTH OCEAN BLVD.. SUITE 302-A HIGHLAND BCH, FL 33487	3212 SOUTH OCEAN BLVD.. SUITE 302-A HIGHLAND BCH, FL 33487

2. Principal Place of Business		3. Mailing Address	
5965 Azalea Circle		5965 Azalea Circle	
Suite, Apt. #, etc.		Apt. #, etc.	
City & State: W. Palm Bch.,Fl		City & State: W. Palm Bch.,FL	
Zip: 33415	Country: USA	Zip: 33415	Country: USA

4. FEI Number 26-0067370 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name: Micheal J. Pinto
Street Address (P.O. Box Number is Not Acceptable): 5965 Azalea Circle
City: W. Palm Beach FL Zip Code: 33415

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] DATE 4-5-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	pst	☒ Change ☐ Addition
NAME	PINTO, MICHAEL J		NAME	Pinto, Micheal J.	
STREET ADDRESS	3212 SOUTH OCEAN BLVD.. SUITE 302-A		STREET ADDRESS	5965 Azalea Circle	
CITY-ST-ZIP	HIGHLAND BCH, FL 33487		CITY-ST-ZIP	W. Palm Bch., Fl 33415	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 4-5-04 561-572-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #