


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90239 047 ***150.00

DOCUMENT # P03000111251					
1. Entity Name BWF POOL CORP					
Principal Place of Business 235 NE 6TH ST., UNIT B POMPANO BCH, FL 33060			Mailing Address 235 NE 6TH ST., UNIT B POMPANO BCH, FL 33060		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SANTOS FONSECA, BRUNO W 235 NE 6TH ST., UNIT B POMPANO BCH, FL 33060				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <p>FILE NOW!!! FEE IS \$150.00</p> <p>After May 1, 2004 Fee will be \$550.00</p> </div> <div> <p>9. Election Campaign Financing or Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTOS FONSECA, BRUNO W		NAME		
STREET ADDRESS	235 NE 6TH ST., UNIT B		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33060		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTOS FONSECA, BRUNO W		NAME		
STREET ADDRESS	235 NE 6TH ST., UNIT B		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33060		CITY-ST-ZIP		
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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		
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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: <u>X Bruno Fonseca</u>			Date: <u>4/7/04</u> (754) 235-4258		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

04030134



04072004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0287845** Applied For ☐ Not Applicable ☐

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