

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90006 018 ***150.00

DOCUMENT # P03000138970

1. Entity Name
A-1 POOL FINISH, CORP.



Principal Place of Business
2775 SW 30TH CT
MIAMI, FL 33133

Mailing Address
2775 SW 30TH CT
MIAMI, FL 33133

54066033



2. Principal Place of Business

3. Mailing Address

07232004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0429668** Applied For
 Not Applicable

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

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

BRAVO, JUAN A
2775 SW 30TH CT
MIAMI, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD BRAVO, JUAN A 2775 SW 30TH CT MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Juan A. Bravo JUAN A. BRAVO (PRESIDENT)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
#PO3000138970

54066033

JULY 27, 2004

TO: STATE OF FLORIDA
DIVISION OF CORPORATION
P.O. BOX 1500
TALLAHASSEE, FL 32314

HERBY I CERTIFY THAT I OPENED MY CORPORATION ON 11/25/03, NEVER HAD ANY ACTIVITIES UNTIL JANUARY 1ST, 2004 OR HAD OUR E.I.# 20-0429668, SINCE DECEMBER 8TH, 2003.

ONLY AFTER HIRING THE SERVICES OF AN ACCOUNTANT I FOUND OUT WE WERE SUPPOSE TO FILED AN ANNUAL REPORT EVERY YEAR, NEVER KNEW OR RECIVED ANY NOTICE (ANNUAL REPORT), ON THIS BASE WE REQUEST FROM YOU. PLEASE WAIVE THE PENALTY FOR LATE FILING FOR 2004, AND ENCLOSED PLEASE FIND A COMPLETE ANNUAL REPORT AND A CHECK FOR \$150.00, CORPORATION NAME, A-1 POOL FINISH CORP., DOCUMENT NUMBER- PO3000138970.

THANK YOU FOR YOUR COOPERATION.

SINCERELY YOURS,

Juan A. Bravo
JUAN A. BRAVO
PRESIDENT

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 28 DAY OF JULY 2004
BY Juan A. Bravo

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF
IDENTIFICATION PRODUCED Fl. Driver license # B610-421-66-121-0

Margarita R. Quintana
NOTARY PUBLIC

MY COMMISSION EXPIRES:

