


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 050 ***158.75

DOCUMENT # P03000139537 1. Entity Name ALL STAR POOLS OF THE PALM BEACHES, INC.	
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Principal Place of Business 1220 S. RIDGE ROAD LANTANA, FL 33462 US	Mailing Address 1220 S. RIDGE ROAD LANTANA, FL 33462 US
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DO NOT WRITE IN THIS SPACE



05262005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1830502	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MATEO, JUAN A
 1220 S. RIDGE ROAD
 LANTANA, FL 33462

DO NOT WRITE 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 _____ DATE _____
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATEO, JUAN A 1220 S. RIDGE ROAD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALDONADO-MATEO, KATIRIA 1220 S. RIDGE ROAD LANTANA, FL 33462
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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. MATEO - PRESIDENT** (561) 493-4899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #