

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90034 038 \*\*\*150.00

<b>DOCUMENT # P04000015655</b> 1. Entity Name <b>ALBERT POOL SERVICE &amp; REPAIR, INC.</b>			
Principal Place of Business <b>7836 SW 24TH STREET</b> <b>MIAMI, FL 33155</b>		Mailing Address <b>7836 SW 24TH STREET</b> <b>MIAMI, FL 33155</b>	
2. Principal Place of Business <b>1480 Euclides Ave</b> Suite, Apt. #, etc. <b>101</b>		3. Mailing Address <b>1480 Euclides Ave</b> Suite, Apt. #, etc. <b>101</b>	
City & State <b>Miami Beach Florida</b> Zip <b>33139</b> Country <b>USA</b>		City & State <b>Miami Beach, Florida</b> Zip <b>33139</b> Country <b>USA</b>	
4. FEI Number <b>65-1113320</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIAZ, GELASIO A</b> <b>7836 SW 24TH STREET</b> <b>MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>MARIO DIAZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1480 Euclides Ave #101</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</b>	
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 <b>1-20-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P/S <b>DIAZ, GELASIO A</b> <b>7836 SW 24TH STREET</b> <b>MIAMI, FL 33155</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MARIO DIAZ</b> <b>1480 Euclides Ave #101</b> <b>Miami Beach Florida 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ARMANDO PIEDRA</b> <b>1480 Euclides Ave #101</b> <b>Miami Beach Florida 33139</b> <input type="checkbox"/> Change <input checked="" 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
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
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 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 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:		Date <b>1-20-06</b> Daytime Phone #	