

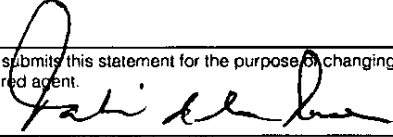
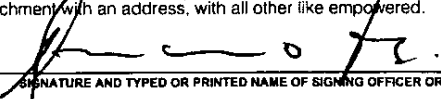


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90005 046 ***150.00

DOCUMENT # P04000024543 1. Entity Name A LOCAL POOL SERVICE, INC.																													
Principal Place of Business 16063 SW 99TH LANE MIAMI, FL 33196			Mailing Address 16063 SW 99TH LANE MIAMI, FL 33196																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		02122008 Chg-P CR2E034 (12/06)																									
Zip Country		Zip Country		4. FEI Number 20-0705240																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent DE LA TORRE, FABIO 10303 SW 159TH AVENUE MIAMI, FL 33196				7. Name and Address of New Registered Agent Name IGNACIO FEBLES Street Address (P.O. Box Number is Not Acceptable) 16063 SW 99th AVE City MIAMI FL Zip Code 33196																									
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 3/14/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FEBLES, IGNACIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16063 SW 99TH LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33196</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	FEBLES, IGNACIO		STREET ADDRESS	16063 SW 99TH LANE		CITY-ST-ZIP	MIAMI, FL 33196		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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 2/14/08 Daytime Phone #																									