
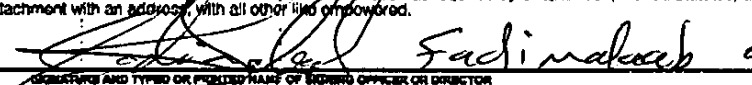


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90007 022 \*\*\*558.75

<b>DOCUMENT # P04000043875</b>			
1. Entity Name <b>FARID POOL SPA INC</b>			
Principal Place of Business <b>11601 S CLEVELAND AVE #5 FT MYERS, FL 33907 US</b>		Mailing Address <b>11601 S CLEVELAND AVE #5 FT MYERS, FL 33907 US</b>	
2. Principal Place of Business		3. Mailing Address	
Sube. Apt. #, etc.		Sube. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MALAAB, FADI 2905 WINKLER AVE APT 704 FT MYERS, FL 33916</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 re-registering)			
<b>FILE NOW!!! FEE IS \$850.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P MALAAB, FADI 2905 WINKLER AVE #704 FT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE	VP Rolan Richard 21227 Braxfield Loop Estero, FL 33910 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
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	
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	
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	
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 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 listed and empowered.			
SIGNATURE: 		Date _____	
Signature and typed or printed name of signing officer or director		Date	



08202006 Chg-Pl CR2E034 (11/5)

4. FEI Number **20-0842114** Applied For Not Applicable

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

FL Zip Code