


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90066 015 ***150.00

DOCUMENT # P04000046089 1. Entity Name AMERICA SWIMMING POOL, INC.					
Principal Place of Business 6240 SW 20 TER MIAMI, FL 33155			Mailing Address 6240 SW 20 TER MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0954509	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent DIAZ, OSVALDO J 7951 SW 40 ST STE 206 MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CALLEIRO, JOSE 6240 SW 20 TER MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALLEIRO, JOSE 6240 SW 20 TER MIAMI, FL 33155	<input type="checkbox"/> Delete			
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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"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Jose Calleiro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 4-5-05 <small>Date</small> </div> <div> 305 266 8437 <small>Daytime Phone #</small> </div> </div>					