2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P04000070238 Feb 01, 2006 08:00 AN 1. Entity Name **Secretary of State** ROSARIO'S POOLS & SPAS INC Mailing Address Principal Place of Business 785 CARISSA DR 785 CARISSA DR ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) tst MOORE Applied For City & State 4, FEI Number City & State 34-1992472 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSARIO, MANUEL R JR Street Address (P.O. Box Number is Not Acceptable) 785 CARISSA DR ROYAL PALM BEACH FL 33411 Zip Code City 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 . Signature, typed or printed name of registered agent and late it applicable (NOTE: Registered Agent signature required when reinstating) ÜATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete DILLE Change Addition THILE NAME ROSARIO, MANUEL R JR MARKE U00000413406 STREET ADDRESS STREET ADDRESS 785 CARISSA DR 02/10/06-00090-001 150.00 CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Change Addilio Delete TITLE TITLE NAME NAME ROSARIO, LAWRENCE STREET ADDRESS STREET ADDRESS 785 CARISSA DR CITY-ST-ZIP CRY-ST-ZIP ROYAL PALM BEACH FL 33411 Change Addition Delete BILE HILE NAME NAME FRATUS, DONNA J STREET ADDRESS. STREET ADDRESS 785 CARISSA DR CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-78P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: