## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000073544

MIAMI, FL 33166 US

City-St-Zip:

Entity Name: A.A.A. POOL & SPA SERVICE, INC

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4440 NW 79 AVENUE 10947 NW 87 LANE DORAL, FL 33178 US 1H MIAMI, FL 33166 **New Mailing Address: Current Mailing Address:** 4440 NW 79 AVENUE 10947 NW 87 LANE DORAL, FL 33178 US MIAMI, FL 33166 FEI Number: 20-1085895 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POSADA, MAURICIO 4440 NW 79 AVENUE MIAMI, FL 33166 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition POSADA, MAURICIO Name: Name: 4440 NW 79 AVENUE 1H Address: Address: City-St-Zip: MIAMI, FL 33166 US City-St-Zip: Title: Title: () Change () Addition () Delete Name: GRISALES, EMILSE Name: 4440 NW 79 AVENUE 1H Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICIO POSADA P 04/22/2009