
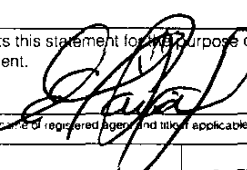
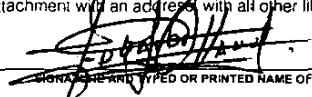


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90030 004 \*\*\*150.00

<b>DOCUMENT # P04000074720</b> 1. Entity Name <b>F.O. POOLS, INC.</b>			
Principal Place of Business <b>1128 SW 19TH AVENUE MIAMI, FL 33135</b>		Mailing Address <b>1128 SW 19TH AVENUE MIAMI, FL 33135</b>	
2. Principal Place of Business - No P.O. Box # <b>1898 SW 11 Terrace</b> Suite, Apt. #, etc.		3. Mailing Address <b>1898 SW 11 Terrace</b> Suite, Apt. #, etc.	
City & State <b>Miami FL</b> Zip <b>33135</b> Country		City & State <b>Miami FL</b> Zip <b>33135</b> Country	
4. FEI Number <b>20-1110595</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOPEZ, EVA M 1128 SW 19TH AVE. MIAMI, FL 33135</b>		7. Name and Address of New Registered Agent Name <b>Eve</b> Street Address (P.O. Box Number is Not Acceptable) <b>1898 SW 11 Terrace</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33135</b>	
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. <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE   <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div>           DATE <b>04/22/08</b> </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ORELLANA, FREDIS 1128 SW 19TH AVENUE MIAMI, FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP LOPEZ, EVA M 1128 SW 19TH AVENUE MIAMI, FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/22/08</b> Daytime Phone # <b>766 255 8268</b>	