

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90059 039 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P04000082535 1. Entity Name POOL RITE II, INC | | | | | |
| Principal Place of Business 7981 SW 35TH TERRACE MIAMI, FL 33155 | | | Mailing Address 7981 SW 35TH TERRACE MIAMI, FL 33155 | | |
| 2. Principal Place of Business 10746 SW 24 Street Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 558365 Suite, Apt. #, etc. | | | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 20-2333974 | |
| Zip 33165 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EGUSQUIZA, JOHN E 8603 SOUTH DIXIE HWY SUITE 303A PINECREST, FL 33143 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P, S ALONSO, ENRIQUE 7981 S.W. 35TH TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10746 SW 24 Street Miami, FL 33165 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ALONSO, ELENA 7981 S.W. 35TH TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10746 S.W. 24 Street Miami, FL 33165 | |
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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 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. | | | | | |
| SIGNATURE: Enrique Alonso <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| | | | | 2/11/05 305-226-4010 <small>Date Daytime Phone #</small> | |