2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P04000125604

Entity Name: CARIBE POOLS SERVICE, INC.

Current Principal Place of Business:

5412 WINCHESTER WOODS DRIVE
LAKE WORTH, FL 33463 US

New Principal Place of Business:

6680 HILLSIDE LANE
LAKE WORTH, FL 33462 US

Current Mailing Address:

119 LAKE PINE CIR
A2
GREENACRES, FL 33463

New Mailing Address:

6680 HILLSIDE LANE
LAKE WORTH, FL 33462 US

FEI Number: 20-1607042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOMPELLER, LIVAN E
119 LAKE PINE CIR
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

MOMPELLER, LIVAN E
6680 HILLSIDE LANE
LAKE WORTH, FL 33462 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: LIVAN MOMPELLER 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOMPELLER, LIVAN E
Address: 5412 WINCHESTER WOODS DRIVE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP (X) Delete
Name: MOMPELLER, NOELY
Address: 5412 WINCHESTER WOODS DRIVE
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOMPELLER, LIVAN E
Address: 6680 HILLSIDE LANE
City-St-Zip: LAKE WORTH, FL 33462 US

Title: ( ) Change ( ) Addition
Name:
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: LM P 03/23/2009
Electronic Signature of Signing Officer or Director Date