
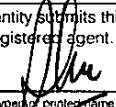



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 APR 28 AM 7:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000127331</b> 1. Entity Name <b>CARIBBEAN POOL SUPPLY &amp; MATERIALS, INC.</b>					
Principal Place of Business <b>13565 SW 135TH AVENUE MIAMI, FL 33175</b>			Mailing Address <b>13565 SW 135TH AVENUE MIAMI, FL 33175</b>		
2. Principal Place of Business <b>13365 SW 135 Avenue</b>		3. Mailing Address <b>13365 SW 135 Avenue</b>			
Suite, Apt. #, etc. <b>101</b>		Suite, Apt. #, etc. <b>101</b>			
City & State <b>Miami Florida</b>		City & State <b>Miami Florida</b>		4. FEI Number <b>20-1570997</b>	
Zip <b>33175</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ISER, CARLOS 13565 SW 135TH AVENUE MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name <b>CLAUDIA GLASER</b> Street Address (P.O. Box Number is Not Acceptable) <b>13365 SW 135 Ave #101</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33175</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.					
SIGNATURE:  (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISER, CARLOS 13565 SW 135TH AVENUE MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUDIA GLASER 13365 SW 135th Ave #101 Miami, Florida 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S DIAZ, GELASIO A 13565 SW 135TH AVENUE MIAMI, FL 33175	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		600054123118 05/10/05--01006--007 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

Roberts APR 28 2005