2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 11, 2005 8:00 am **DOCUMENT # P04000135472 Secretary of State** 03-11-2005 90879 001 ***150.00 COREA-POOL ENTERPRISE CORP. 03-11-2005 90879 002 *****8.75 Principal Place of Business Mailing Address 2996 SW 4TH ST MIAMI FL 33135 2996 SW 4TH ST MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business 2996 SW 2996 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 1 iam 05-1233905 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COREA, JOSE R Street Address (P.O. Box Number is Not Acceptable) 2996 SW 4TH ST **MIAMI FL 33135** City Zip Code 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 reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THEF ☐ Defete THE ☐ Change **⊠** Addition maria Corea COREA, JOSE R NAME NAME 2996 ow 4th street 2996 SW 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33135 CITY-ST-ZIP Miami FL TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

Date

Daytme Phone #

SIGNING OFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED