2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 23, 2007 8:00 am DOCUMENT # P04000135472 Secretary of State 1. Entity Name 04-23-2007 90069 035 ***150.00 COREA POOL ENTERPRISE CORP. Principal Place of Business Mailing Address 2996 SW 4TH ST 2996 SW 4TH ST MIAMI FL 33135 **MIAMI FL 33135** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1233905 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required - - 6:-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COREA, JOSE R 2996 SW 4TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 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 # ure, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signalure reduired when resistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change HIRE Delete THE ☐ Addition curea Jose COREA, JOSE R NAMI NAME 12410 S.W. 218th St 2996 SW 4TH ST STREEL ADDRESS STREET ADDRESS MIAMI FL 33135 CHY ST ZIP CHY ST-ZIP Miami, FL Addition Delete Ш HIII COREA, MARIA corea, Maria NAME 2410 SW 218th St 2996 SW 4TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CHY-ST-ZIP CITY-ST-ZIP Miami, FL 33170 ☐ Defete HILE Change Addition HIII NAMit. STREET ADDRESS STREET ADDRESS CHY SI 7IP CITY - ST-ZIP Change Addition Delete mu DRIE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST-ZIP Change Addition ☐ Delete DILL NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY ST-ZIP TITLE Addition Delete TITLE NAME NAMf. STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

Date

Daytime Phone #