


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000159324 1. Entity Name BUCK ISLAND POOLS INC.	
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Principal Place of Business 8520 NW 51ST STREET LAUDERHILL, FL 33351	Mailing Address 8520 NW 51ST STREET LAUDERHILL, FL 33351
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**DO NOT WRITE IN THIS SPACE**



08312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3792545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROSANGEL  
8520 NW 51ST STREET  
LAUDERHILL, FL 33351

**DO NOT WRITE IN THIS SPACE**

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 09/06/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RODRIGUEZ, HECTOR L 8520 NW 51ST STREET LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO RODRIGUEZ, ROSANGEL M 8520 NW 51ST STREET LAUDERHILL, FL 33351
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rosangel M. Rodriguez Date 9-1-07 Daytime Phone # 954-325-7891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosangel M. Rodriguez