


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90369 043 ***150.00

DOCUMENT # P05000007796 1. Entity Name DEEP BLUE POOL & SPA, INC																													
Principal Place of Business 12880 SW 132 TERR MIAMI, FL 33186 US				Mailing Address 12880 SW 132 TERR MIAMI, FL 33186 US																									
2. Principal Place of Business - No P.O. Box # 8371 SW 124 AVE Suite, Apt. #, etc. 104		3. Mailing Address 8371 SW 124 AVE Suite, Apt. #, etc. 104																											
City & State MIAMI, FL		City & State MIAMI, FL																											
Zip 33183		Country U.S.A.		4. FEI Number 20-2213726																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent SOARES, WENDEL 9305 SW 77 AVE APT 336 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name WENDEL SOARES Street Address (P.O. Box Number is Not Acceptable) 8371 SW 124 Ave unit 104 City MIAMI FL Zip Code 33183																										
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOARES, WENDEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12880 SW 132 TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33186</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SOARES, WENDEL		STREET ADDRESS	12880 SW 132 TERR		CITY-ST-ZIP	MIAMI, FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WENDEL SOARES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8371 SW 124 Ave unit 104</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33183</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WENDEL SOARES		STREET ADDRESS	8371 SW 124 Ave unit 104		CITY-ST-ZIP	MIAMI, FL 33183	
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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: <u>Wendel Soares</u> - Wendel Soares - 04/24/08 (305)562-9393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													