

2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/21/2006-90001-027-\$158.75-\$158.75

DOCUMENT # P05000032305

1. Entity Name
USA POOL & SPA CORPORATION



FILED

06 SEP 28 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8115 NW 68TH AVENUE
TAMARAC, FL 33321

Mailing Address
8115 NW 68TH AVENUE
TAMARAC, FL 33321

2. Principal Place of Business
8115 NW 68TH AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212006 Chg-P CR2E034 (11/05)

City & State
TAMARAC FL

City & State

4. FEI Number
75-318-4784

Applied For
Not Applicable

Zip
33321

Country
U.S.A

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAJOS, FIDEL
8115 NW 68TH AVENUE
TAMARAC, FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LAJOS, FIDEL
8115 NW 68TH AVENUE
TAMARAC, FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
GONZALEZ, FERNANDO
8115 NW 68TH AVENUE
TAMARAC, FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

209/29