

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90035 024 ***150.00

DOCUMENT # P05000053504 1. Entity Name PALM BEACH POOLSCAPES, INC.			
Principal Place of Business 2164 ALWORTH TERRACE WELLINGTON, FL 33414		Mailing Address 2164 ALWORTH TERRACE WELLINGTON, FL 33414	
2. Principal Place of Business - No P.O. Box # 798 BERKELEY ST.		3. Mailing Address 798 BERKELEY ST.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33487		Zip 33487	
Country 		Country 	
4. FEI Number 20-2671190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERSAD, PETE 2164 ALWORTH TERRACE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City BOCA RATON FL Zip Code 33487	
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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME PERSAD, PETE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 798 BERKELEY STREET	CITY-ST-ZIP BOCA RATON, FL 33487		
TITLE VP	NAME FALGOUT, MELISSA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 798 BERKELEY STREET	CITY-ST-ZIP BOCA RATON, FL 33487		
TITLE PERSAD, MELISSA	NAME PERSAD, MELISSA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS (NEW MARRIED)	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
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: <i>M. Persad</i> <i>Melissa Persad</i> <i>VP</i>		Date <i>1/22/08</i> Daytime Phone # <i>561-843-3476</i>	