2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 08:00 AM Secretary of State

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1. Entity Name

R. O. POOL SERVICES, INC.



Principal Place of Business

3100 N COURSE LN #304 POMPANO BCH, FL 33309 Mailing Address

3100 N COURSE LN #304 POMPANO BCH, FL 33309



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) 03112007 No Chg-P

4. FEI Number 20-2573678 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

Daylime Phone #

OLIVEIRA, RILDO 3100 N COURSE LN #304 POMPANO BCH, FL 33309

of the corporation or the receiver of changed, or on an attachment with

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| <u>.</u> | | | | | |
|--------------------------------------|---|--|--|---|--|
| | named entity submits this statement for the pions of registered agent. | ourpose of changing its registere | d office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept . |
| - SIGNATURE_ | <u> </u> | | | | DATE |
| · · | Signature, typed or printed name of registered agent and title | If applicable (NOTE: Registered | Agent signature | required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE | PVTS | | | | ı |
| NAME | OLIVEIRA, RILDO | | | | |
| STREET ADDRESS | 3100 N COURSE LN #304 | | | | |
| CITY-ST-ZIP | POMPANO BCH, FL 33309 | | | | |
| TITLE | | | | | |
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| TITLE | | | | | |
| NAME | | | I | | |
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| CITY-ST-ZIP | | | | | |
| 12. I hereby of indicated of the cor | certify that the information supplied with this fi on this report or supplemental report is true poration or the receiver or trustee empowers | iling does not qualify for the exe ord accurate and that my signat also execute this report as require | imptions cor ure shall haved by Chap | ntained in Chapter 11! ve the same legal effer ter 607, Florida Statute | 9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if |

NAME OF SIGNING OFFICER OR DIRECTOR