
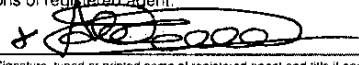
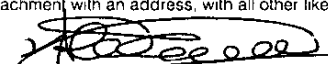


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90032 002 ***150.00

DOCUMENT # P05000090785					
1. Entity Name JOHALE POOLS SERVICES CORP					
Principal Place of Business 19463 COLORADO CIRCLE BOCA RATON, FL 33434			Mailing Address 19463 COLORADO CIRCLE BOCA RATON, FL 33434		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3068228	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERNANDEZ, ALEJANDRO 19463 COLORADO CIRCLE BOCA RATON, FL 33434			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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
DATE 1/27/06					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME FERNANDEZ, ALEJANDRO		<input type="checkbox"/> Delete		
STREET ADDRESS 19463 COLORADO CIRCLE	CITY-ST-ZIP BOCA RATON, FL 33434		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME PEREZ, JOHANNA		<input type="checkbox"/> Delete		
STREET ADDRESS 19463 COLORADO CIRCLE	CITY-ST-ZIP BOCA RATON, FL 33434		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> 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 1/27/06 (561) 482 8960					