

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90023 006 ***158.75

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07212006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000105920 1. Entity Name T&S TOTAL POOLS, INC.																											
Principal Place of Business 1155 MARSEILLE DR #30 MIAMI BEACH, FL 33141		Mailing Address 1155 MARSEILLE DR #30 MIAMI BEACH, FL 33141																									
2. Principal Place of Business 12251 SW 214TH LANE Suite, Apt. #, etc.		3. Mailing Address 12251 SW 214TH LANE Suite, Apt. #, etc.																									
City & State MIAMI, FLORIDA Zip Country 33177 US		City & State MIAMI, FLORIDA Zip Country 33177 US																									
4. FEI Number 20-3263453		Applied For Not Applicable																									
5. Certificate of Status Desired XX \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SANCHEZ, ARNALDO 1155 MARSEILLE DR #30 MIAMI BEACH, FL 33141																									
7. Name and Address of New Registered Agent Name SANCHEZ, ARNALDO Street Address (P.O. Box Number is Not Acceptable) 12251 SW 214TH LANE City MIAMI FL Zip Code 33177		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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TANCHEZ, ARNALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1155 MARSEILLE DR #30</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33141</td> <td></td> </tr> </table>		TITLE	DPST	<input type="checkbox"/> Delete	NAME	TANCHEZ, ARNALDO		STREET ADDRESS	1155 MARSEILLE DR #30		CITY-ST-ZIP	MIAMI BEACH, FL 33141		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPST</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SANCHEZ, ARNALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12251 SW 214TH LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FLORIDA 33177</td> <td></td> </tr> </table>		TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SANCHEZ, ARNALDO		STREET ADDRESS	12251 SW 214TH LANE		CITY-ST-ZIP	MIAMI, FLORIDA 33177	
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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: ARNALDO SANCHEZ, PRESIDENT 7-21-06 (786) 573-9992 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									