## **FILED** May 03, 2007 8:00 am Secretary of State

2007	' FOR PROFIT CORPOR	(A)	ION
	ANNUAL REPORT		

**SIGNATURE** 

05-03-2007 90069 029 \*\*\*150 00 OCUMENT # P06000080134 JOSÉ POOL SERVICE INC. 40104366 Principal Place of Business Mailing Address 963 NW 5TH ST UNIT 2 963 NW 5TH ST UNIT 2 MIAMI, FL 33128 MIAMI, FL 33128 3. Mailing Address N.W 2. Principal Place of Business - No P.O. Box # 3431 3431 10th allo N.W Suite, Apt. #, etc. # 101 Suite, Apt. #, etc. 04302007 CR2E034 (12/06) 4. FEI Number 20-503 1143 Applied For Miami, Florida Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LOPEZ, JOSE E 963 NW 5TH ST UNIT 2 MIAMI, FL 33128 but gratement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named-entity the obligations of red N-30-07 SIGNATURE. 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, 2007 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change Addition TITLE ☐ Delete TIFLE Lopez, Sove Enrique #101 Miamife. NAME LOPEZ, JOSE E NAME 963 NW 5TH ST UNIT 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33128 CITY-ST-ZIP 33127 SD TITLE ☐ Delete 1111.8 Marmol, Wenddy Hol Miami Fc. 2421 N.W 10th and Hol Miami Fc. MARMOL, WENNDY NAME NAME STREET ADDRESS STREET ADDRESS 963 NW 5TH ST UNIT 2 CITY-ST-ZIP MIAMI, FL 33128 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete 111116 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP Delete Addition TITLE TITLE ☐ Change STREET ADDRESS SIRRET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplied that are post 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 received trueted 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 altagring true an address, with all other like empowered. 4-30-07 (305) 804-4796

PURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR