
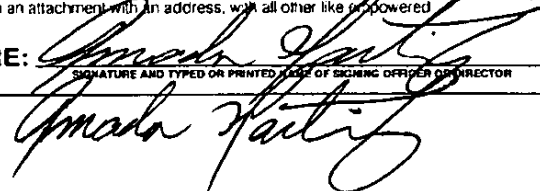


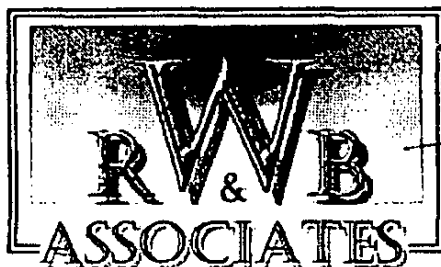
FILED
Jun 06, 2007 8:00 am
Secretary of State

05-03-2007 90029 047 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/

DOCUMENT # P06000095902			
1. Entity Name RELIABLE POOL SERVICE II, INC.			
Principal Place of Business 8766 THOUSAND PINES CIRCLE WEST PALM BEACH, FL 33411		Mailing Address 8766 THOUSAND PINES CIRCLE WEST PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04302007		Chg-P CR2E034 (12/06)	
4. FEI Number 20-5255896		Applied For Not Applicable	
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	
MARTINEZ, AMADOR A 8766 THOUSAND PINES CIRCLE WEST PALM BEACH, FL 33411		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D/P MARTINEZ, AMADOR A 8766 THOUSAND PINES CIRCLE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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: 		4-30-07 561-798-2162 Date Daytime Phone #	



ATTACHMENT

66018141
P0600009502

April 25, 2007

To Our Corporate Clients

We have enclosed your 2007 Corporate Annual Report. At least one officer's information should be inserted at Item 10.

Item 4 MUST BE ANSWERED or the State will not permit the report to be filed. Failure to file the Report will result in the administrative dissolution of your Corporation.

Please sign at Item 12, date and return to the Division of Corporations (envelope provided), with the one check listed below no later than May 01, 2007 for filing. We must review and have the signed form post marked by May 1, 2007. The State of Florida will require an additional \$ 550.00 late charge penalty if the Report is not filed on time.

Please feel free to call me if you have any questions.

Sincerely,

A handwritten signature in dark ink, appearing to be 'Oneida Pena', written over a horizontal line.

Oneida Pena

OP/nmw
Enclosure

CHECKS REQUIRED:

<u>Amount</u>	<u>Payee</u>	<u>Purpose</u>
\$150.00	Florida Department of State	Filing Fee

6685 Forest Hill Blvd, Ste 210 Greenacres, FL 33413
Phone (561)721-0028 Fax (561)721-0036
Email: opena@rbwassociates.com