

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000035086

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SUNSHINE POOLS & SPA SPECIALISTS, INC.

## Current Principal Place of Business:

4962 NW 97TH PL  
DORAL, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

4962 NW 97TH PL  
DORAL, FL 33178

## New Mailing Address:

PO BOX 226141  
MIAMI, FL 33222

FEI Number: 20-8766041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTALVO, LUIS  
4962 NW 97TH PL  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

MONTALVO, LUIS A  
4962 NW 97TH PL  
DORAL, FL 33178 US

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.

SIGNATURE: LUIS MONTALVO

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MONTALVO, LUIS  
Address: 4962 NW 97TH PL  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MONTALVO, LUIS A  
Address: 4962 NW 97TH PL  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MONTALVO

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date