

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002616

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** ORESTES POOL REPAIRS & SERVICE, INC.

**Current Principal Place of Business:**

28211 SW. 134 PLACE  
HOMESTEAD, FL 33033 US

**New Principal Place of Business:**

**Current Mailing Address:**

28211 SW. 134TH. PLACE  
HOMESTEAD, FL 33033 US

**New Mailing Address:**

**FEI Number:** 26-1746936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTE DE OCA, ORESTES  
28211 SW. 134TH. PLACE  
HOMESTEAD, FL 33033 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONTE DE OCA, ORESTES  
Address: 28211 SW. 134TH. PLACE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: SCTY  
Name: RIEUMONT, NANCY  
Address: 28211 SW. 134TH. PLACE  
City-St-Zip: HOMESTEAD, FL 33033 US

I hereby 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 all other like empowered.

SIGNATURE: ORESTES MONTES DE OCA

P

03/01/2012

Electronic Signature of Signing Officer or Director

Date