

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110175

Entity Name: ZANATTI POOL CARE, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3209 SW PORT ST LUCIE BLVD.  
SUITE 175  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3209 SW PORT ST LUCIE BLVD.  
SUITE 175  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 26-3980207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZANATTI, EDUARDO  
3209 SW PORT ST LUCIE BLVD.  
SUITE 175  
PORT ST. LUCIE, FL 34953 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: .  
Name: ZANATTI, EDUARDO  
Address: 3209 SW PORT ST LUCIE BLVD. SUITE 175  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: CESAR EDUARDO ZANATTI

OWNE

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date