

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072435

FILED
Mar 03, 2011
Secretary of State

Entity Name: LIGHTNING POOL DISTRIBUTORS CORP

Current Principal Place of Business:

5059 NW 159 ST
HIALEAH, FL 33014

New Principal Place of Business:

5059 NW 159 ST
HIALEAH, FL 33014 US

Current Mailing Address:

5059 NW 159 ST
HIALEAH, FL 33014

New Mailing Address:

5059 NW 159 ST
HIALEAH, FL 33014 US

FEI Number: 27-0876807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATOS, YOESMILER
5059 NW 159 ST
HIALEAH, FL 33014 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: PTD
Name: MATOS, YOESMILER
Address: 5059 NW 159 ST
City-St-Zip: HIALEAH, FL 33014 US

Title: VD
Name: MATOS, MARTHELYS
Address: 5059 NW 159 ST
City-St-Zip: HIALEAH, FL 33014 US

Title: S
Name: IGLESIAS, MARBELYS
Address: 5059 NW 159 ST
City-St-Zip: HIALEAH, FL 33014 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: MARTHELYS MATOS

VP

03/03/2011

Electronic Signature of Signing Officer or Director

Date