


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000042871 1. Entity Name ANDY'S POOL SERVICE, INC.	
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Principal Place of Business 17306 COLLINS AVENUE SUITE 166 NORTH MIAMI BEACH, FL 33160 US	Mailing Address 7098 BONITA DRIVE MIAMI BEACH, FL 33141 US
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0496056	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CASTANEDA, LUIS A
17306 COLLINS AVENUE
SUITE 166
MIAMI, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-19-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTANEDA, LUIS A 17306 COLLINS AVENUE - SUITE 166 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CASTONEDA, CARLOS 7830 CAMINO REAL - BLDG.K#402 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTANEDA, MARISOL 17306 COLLINS AVE., # 116 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80077-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

04-19-05 (305) 935-7016

Date

Daytime Phone #