

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90041 044 ***158.75

DOCUMENT # P94000042871



1. Entity Name

ANDY'S POOL SERVICE, INC.

Principal Place of Business

3800 NE 168TH STREET
#300
NORTH MIAMI BEACH FL 33160
US

Mailing Address

7098 BONITA DRIVE
MIAMI BEACH FL 33141
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0496056

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

LUIS CASTANEDA

Street Address (P.O. Box Number is Not Acceptable)

3800 NE 168TH Street #300

City

NORTH MIAMI

FL

Zip Code
33160

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 contributing.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CASTANEDA, LUIS A
STREET ADDRESS 17306 COLLINS AVENUE -SUITE 166
CITY- ST- ZIP NORTH MIAMI BEACH FL 33160

TITLE VPT ☐ Delete
NAME CASTONEDA, CARLOS
STREET ADDRESS 3800 NE 168TH ST 300
CITY- ST- ZIP NORTH MIAMI BEACH FL 33160

TITLE S ☐ Delete
NAME CASTANEDA, MARISOL
STREET ADDRESS 17306 COLLINS AVE., # 116
CITY- ST- ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

07-26-08 (901) 868-5365

Date

Display Phone #