2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000003557

1. Entity Name
ELITE POOLS, INC.

Principal Place of Business	Mailing Address
1190 SEA GRAPE CIRCLE	1190 SEA GRAPE CIRCLE
DELRAY BCH, FL 33445 US	DELRAY BCH, FL 33445 US

DO NOT WRITE IN THIS SPACE
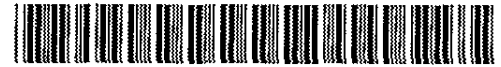
04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0550610	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CENA WIHR
1190 SEA GRAPE CIRCLE
DELRAY BEACH, FL 33445

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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

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORRES, PABLO_
STREET ADDRESS	1190 SEA GRAPE CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33445

U00000735881
05/10/07-80052-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ PABLO TORRES President   4/24/07 (561)441-0515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #