


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90126 034 \*\*\*150.00

<b>DOCUMENT # P95000087165</b>			
1. Entity Name <b>CERTIFIED POOL SERVICES, INC.</b>			
Principal Place of Business <b>500 BAYVIEW DR #220 SUNNY ISLES FL 33160 US</b>		Mailing Address <b>500 BAYVIEW DR #220 SUNNY ISLES FL 33160 US</b>	
2. Principal Place of Business <b>500 BAYVIEW DR</b>		3. Mailing Address <b>500 BAYVIEW DR.</b>	
Suite, Apt. #, etc. <b># PH 24</b>		Suite, Apt. #, etc. <b># PH 24</b>	
City & State <b>SUNNY ISLES BEACH, FL.</b>		City & State <b>SUNNY ISLES BEACH, FL.</b>	
Zip <b>33160</b>	Country <b>U.S.A</b>	Zip <b>33160</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>KLEIN, ROBERT G. CPA 11325 OHANU CIRCLE BOYNTON BEACH FL 33437-7033</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOLD, LAURENCE M XXXXXXXXXX 500 BAYVIEW DR. #220 SUNNY ISLES BEACH FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 BAYVIEW DR. #PH 24</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **LAURENCE M. GOLD, PRES** **4-21-05 305-354-7430**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #