2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
05-16-2005 90197 013 ***150.00

DOCUMENT # P97000020310

1. Entity Name
AGUA POOL CORPORATION

Principal Place of Business	Mailing Address
~~2415 SW 138 COURT~~ ~~MIAMI, FL 33175~~	P.O. BOX 163305 MIAMI, FL 33116

05052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1112 SW 3 ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State
Zip: 33174 Country: DADE	Zip Country

4. FEI Number: 65-0733181 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AJO, MARCIO
~~2415 SW 138TH COURT~~
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 1112 SW 3 ST
City: Miami FL Zip Code: 33174

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	AJO, MARCIO		NAME	
STREET ADDRESS	~~2415 SW 138TH COURT~~		STREET ADDRESS	1112 SW 3 ST
CITY-ST-ZIP	~~MIAMI, FL 33175~~		CITY-ST-ZIP	Miami, FL. 33175
TITLE	TD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	AJO, MARCIO		NAME	
STREET ADDRESS	~~2415 SW 138TH COURT~~		STREET ADDRESS	1112 SW 3 ST.
CITY-ST-ZIP	~~MIAMI, FL 33175~~		CITY-ST-ZIP	Miami, FL. 33175
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ________________________ 5/12/05 305-793-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #