

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000032092

1. Entity Name

SUPERIOR POOLS, SPAS & WATERFALLS, INC.



Principal Place of Business

4350 W SUNRISE BLVD
SUITE 103
PLANTATION, FL 33313

Mailing Address

4350 W SUNRISE BLVD
SUITE 103
PLANTATION, FL 33313



01142008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0910076

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILBERT, RANDALL ESQ.
15700 NW 7TH AVE.
MIAMI, FL 33169

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U000000906172
05/02/08-80011-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ADAMS, WILLIAM L
STREET ADDRESS 4350 W SUNRISE BLVD #103
CITY-ST-ZIP PLANTATION, FL 33313

TITLE D
NAME SUGS, RONALD
STREET ADDRESS 4350 W. SUNRISE BLVD #103
CITY-ST-ZIP PLANTATION, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

W Adams See TR&AS 4-15-08 301-9092