2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000048993

1. Entity Name
POOLS AHOY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 452052 MIAMI, FL 33245	P.O. BOX 452052 MIAMI, FL 33245

DO NOT WRITE IN THIS SPACE

04242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0921115	Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, OVIDIO
2530 SW 24TH TERR.
MIAMI, FL 33145

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIGUEZ, OVIDIO
STREET ADDRESS	P.O. BOX 452052
CITY-ST-ZIP	MIAMI, FL 33245

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____   Ovidio Rodriguez   4/20/05   305-968-3968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres   Date   Daytime Phone #