


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S67085
 1. Entity Name
MARLINS POOL SERVICE AND SUPPLY, INC.



FILED
 04 FEB 18 PM 12:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
7600 NW 186 ST
MIAMI, FL 33015 US

Mailing Address
340 NW 161 AVE
PEMBROKE PINES, FL 33028 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
782 NW LeJeune Road
 Suite, Apt. #, etc.
548

City & State
MIAMI FL

Zip
33126

Country
USA



02132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

BOUZA, JESUS
340 NW 161 AVE
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.
 600029403066
 25/04--01068--009 **158.75

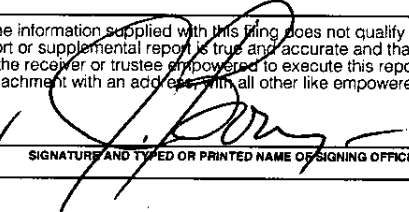
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BOUZA JESUS 340 NW 161 AVE PEMBROKE PINES, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOUZA, MILAGROS 5820 NW 114 ST HIALEAH, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOUZA, MIGUEL 5820 NW 114 ST HIALEAH, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 addressee with all other like empowered.

SIGNATURE:  DATE: 02/13/2004 (305) 822-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TR