


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90202 011 \*\*\*158.75

DOCUMENT # V69274

1. Entity Name  
 J. POOL DEPOT, INC.



Principal Place of Business      Mailing Address

924 S.W. 82ND AVENUE      924 S.W. 82ND AVENUE  
 MIAMI, FL 33174      MIAMI, FL 33174

**DO NOT WRITE IN THIS SPACE**



02282004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0360599      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPO, OSMIN  
 924 SW 82 AVENUE  
 MIAMI, FL 33144

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MITJANS, CARMEN
STREET ADDRESS	924 SW 82 AVENUE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	V
NAME	CAMPO, OSMIN
STREET ADDRESS	924 SW 82 AVENUE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Ch. Mitjans      Date: 4-7-04      Daytime Phone #: 305-262-8400