


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 489964</b> 1. Entity Name <b>WATER BROTHER CORPORATION</b>	
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Principal Place of Business 3400 CORAL WAY SUITE 400 MIAMI, FL 33145	Mailing Address 3400 CORAL WAY SUITE 400 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

FILED

05 SEP 16 PM 1:07

SECRETARY **50066925**  
TALLAHASSEE, FLORIDA



08012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1634473</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBINSON, GEOFFREY K  
~~784 NE 111 ST~~ **1215 EAST BROWARD BLVD**  
~~BISCAYNE PARK, FL 33164~~ **SUITE 200**  
**FT. LAUDERDALE, FL 33301**

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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: 8/25/2005

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

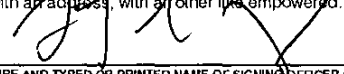
TITLE	P	RODRIGUEZ, FELIPE J
NAME		3984 SW 2ND STREET
STREET ADDRESS		MIAMI, FL
CITY-ST-ZIP		
TITLE	D	RODRIGUEZ, FELIPE M
NAME		3984 S.W. 2ND ST.
STREET ADDRESS		MIAMI, FL
CITY-ST-ZIP		
TITLE	T	RODRIGUEZ, MARIA T
NAME		3984 S.W. 2ND STREET
STREET ADDRESS		MIAMI, FL
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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100059793711

09/20/05--01058--013 \*\*150.00

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:  DATE: 8/25/2005 DAYTIME PHONE #: 305-441-7686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR