


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M36875
 1. Entity Name
 WATERTRON, INC.



Principal Place of Business Mailing Address
 C/O PAUL BALDWIN C/O PAUL BALDWIN
 285 NE 185TH ST. 285 NE 185TH ST.
 MIAMI, FL 33179 MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2706999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BALDWIN, PAUL
 285 NE 185TH ST.
 MIAMI, FL 33179

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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 _____
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, 2005 Fee will be \$550.00

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

000000225204
 02/11/05-80030-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALDWIN, PAUL
STREET ADDRESS	2230 NW 87TH TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	VD
NAME	SCHARFMAN, MARTIN
STREET ADDRESS	5550 WITNEY DR, #311
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **Paul E. Baldwin** 1/20/05 305 652 5312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #