## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2005 08:00 AM Secretary of State DOCUMENT # P02000054361 1. Entity Name AGUAS TRANSPORTATION INC. Principal Place of Business Mailing Address 11941 SW 11TH TERRACE MIAMI FL 33194 11941 SW 11TH TERRACE MIAMI FL 33194 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 03-0463552 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GUAS, ORESTES** Street Address (P.O. Box Number is Not Acceptable) 11941 SW 11TH TERRACE MIAMI FL 33194 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 Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 MILE D HILE Delete Change Addition Addition GUAS, ORESTES NAME NAME 11941 SW 11TH TERRACE U00000255645 03/08/05-80023-005 150.00 STREET ADDRESS STREET ADDRESS CITY-ST ZIP **MIAMI FL 33194** CHY SI-ZIP THE ☐ Delete Title ☐ Change Addition NAME GUAS, ALINA NAME 11941 SW 11TH TERRACE STREET ADDRESS STREET AUDRESS CITY-ST-ZIP MIAMI FL 33194 CLTY-ST-ZIP ☐ Delete HHE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7/P CITY-SI-ZIP 11111 Delete THLE Addition NAME MARAG STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RITLE Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP $uu\xi$ ☐ Delete TallE Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHIY-ST ZIP

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12. Thereby 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 entrystee 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:

Washington

Out Tog Guells (Usilla)

Date

Daytme Phone #