2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: MANUAL PRESIDENT SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	ANNUAL F	REPORT (AR	<u> </u>		<del>-</del> 1	FII	LED		
DOCUMENT # P93000011261 1. Entity Name					Apr 30, 2005 08:00 AM Secretary of State				
ACUGUA	RD CORPORATION					Secreta	ly of S	tate	
Principal Place of Business Mailing Address					7	•			*
132 GREENBRIAR DR. LAKE PARK FL 33403 US		132 GREENBRIAR DR LAKE PARK FL 3340: US		:	   	I TOTAL AIN I TITA BARA OTTIK NOME		AN <b>ana a</b> nibar nar	[[33] ]] ]]]]]
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1s	t MOORE	CR2E034 (1	0/04)	•	
City & State		City & State			4. FEI Numb	er 65-0295817	· · · · · · · · · · · · · · · · · · ·	<del></del>	plied For at Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$8 Fee	.75 Add Required	lltional d
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and	I Address of New R	egistered Age	nt	
			٠.	Name		-			
TEUSCHER, ADRIAN 132 GREENBRIAR DR. LAKE PARK FL 33403				Street Address	s (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	 e
	named entity submits this statement ions of registered agent	for the purpose of changing it	s registere	ed office or registe	ered agent, or bo	oth, in the State of Flo		iliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	at and tille if applicable (NO	TE Registere	d Agent signature require	ad when remetating)		DATE		
F	ILE NOW!!! FEE IS \$150,00	in and the in applicable five		2 Agent signature require	ac who i remotating)				00
After	May 1, 2005 Fee Will Be \$550.0 Payable to Florida Department					9. Election Campa Trust Fund Con			<b>00</b> May Be ed to Fees
10.	OFFICERS AN		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DI	RECTOR!	
TITLE	D ADDIAN	☐ Delete	TITLE					] Change	Addition Addition
NAME STREET ADDRESS	TEUSCHER, ADRIAN 132 GREENBRIAR DR.		NAM	ET ADDRESS					
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IIILE		☐ Delete	TITLE					Change	Addition
NAME			NAMI STOR						
STREET ADDRESS CITY ST-ZIP				FT ADDRESS - S1 - ZIP					
	certify that the information supplied wi	th this filling does not qualify for			Section 119 07721	(i) Florida Statutes	further certify	that the it	nformállon -
indicated	on this report or supplementation or the receiver	At fruit did occurate and that	my signat	ure shall have the	same legal effe	ct as if made under one and that my name	path; that I am	an officer	or director
changed,	certify that the information supplied with on this report or supplementable on this report or supplementable or poration or the receiver ************************************	with all abelies ampowered	d.	OG Dy Ortapiol DC	,, i ionda olaluli	oo, mile aidtilly tigtil	e abbegia iii bi	33K 10 01	DIGGR 11