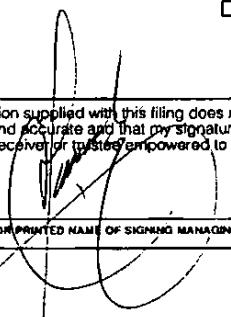


FILED  
May 15, 2008 8:00 am  
Secretary of State

05-15-2008 90075 036 \*\*\*138.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                 |                                                                                                                                                                                               |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L06000027008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                                                                                                              |                                                                   |
| 1. Entity Name<br>ACQUA 1004, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                                                                                                               |                                                                   |
| Principal Place of Business<br>17875 COLLINS AVENUE<br>#1004<br>SUNNY ISLES BEACH, FL 33160                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 | Mailing Address<br>17100 COLLINS AVENUE, #223<br>SUNNY ISLES BEACH, FL 33160                                                                                                                  |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 | 3. Mailing Address<br>701 Brickell Ave.<br>Ste #1730                                                                                                                                          |                                                                   |
| Suite, Apt., #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                 | Suite, Apt., #, etc.                                                                                                                                                                          |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                 | City & State<br>Miami, FL                                                                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                                         | Zip                                                                                                                                                                                           | Country                                                           |
| 33133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | US                                                                                                                                              | 33133                                                                                                                                                                                         | US                                                                |
| 6. Name and Address of Current Registered Agent<br>GANGUZZA, JOSEPH H<br>ONE SE THIRD AVENUE<br>#1820<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name: Mauricio Gruener<br>Street Address (P.O. Box Number is Not Acceptable):<br>701 Brickell Ave. Ste #1730<br>City: Miami FL Zip Code: 33133 |                                                                   |
| 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: 05/08/2008                                                                                                                                                                              |                                                                   |
| Signature typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                 | (NOTE: Registered Agent signature required when rel. standing)                                                                                                                                |                                                                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                 |                                                                                                          |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                 | 10. ADDITIONS/CHANGES                                                                                                                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>ACHAR TUSSIE, EDUARDO<br>SIERRA CHALCHIHUI #235 PH2, EDIFICIO B<br>MEXICO CITY, MEXICO DF, MX 000000000 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>ACHAR TUSSIE, LUIS<br>SIERRA CHALCHIHUI #235 PH2, EDIFICIO B<br>MEXICO CITY, MEXICO DF, MX 000000000 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                                                                 |                                                                                                                                                                                               |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                 | Date: 5/8/08                                                                                                                                                                                  |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                 | Date                                                                                                                                                                                          |                                                                   |

# ATTACHMENT

Original Renewal  
Submitted on 3/12/08  
lost in mail

60041365

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000027008

1. Entity Name  
ACQUA 1004, LLC



Principal Place of Business  
17875 COLLINS AVENUE  
#1004  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
17100 COLLINS AVENUE, #223  
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Subs. Apt. #, etc.

701 Brickell Ave.

City & State

Ste #1730

Zip

Country

City & State

Country

02062008

Chg-LLC

CH25083 (12/08)

4. FEI Number

04-3851717

Added For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

GANGUZZA, JOSEPH H  
ONE SE THIRD AVENUE  
#1820  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Mauricio Guener

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Ave. Ste #1730

City Miami

FL

Zip Code 33133

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 agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW! FEE IS \$135.75  
After May 1, 2008 Fee will be \$335.75

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME  
ACHAR TUSSIE, EDUARDO  
STREET ADDRESS  
SIERRA CHALCHINHUI #235 PH2, EDIFICIO B  
CITY-ST-ZIP  
MEXICO CITY, MEXICO DF, MX 000000000

TITLE ☐ Delete  
NAME  
ACHAR TUSSIE, LUIS  
STREET ADDRESS  
SIERRA CHALCHINHUI #235 PH2, EDIFICIO B  
CITY-ST-ZIP  
MEXICO CITY, MEXICO DF, MX 000000000

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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Photo #

3-12-08

ATTACHMENT

60041365

#L06000027008

Copy of 2008 pymt  
included with original  
renewal submitted on  
3/12/08

RICARDO ESTRAZULAS, P.A.  
1395 BRICKELL AVE STE 834  
MIAMI, FL 33131-3300

1384

Date MARCH 07/2008 83-27/831 FL  
989

Pay to the Order of DEPARTMENT OF STATE \$ 138<sup>75</sup>

ONE HUNDRED & THIRTY EIGHT & 75/100 Dollars

Bank of America

ACH RVT 003100077

#L06000027008  
For Acq. 1001 RLC - 2008 pymt



2699 s. bayshore drive  
miami, florida 33133

305 858 5600  
305 856 3284 fax

www.kaufmanrossin.com

ATTACHMENT

60041365

May 12, 2008

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

RE: L06000027008

Dear Sir/Madam

We are the accountants for the above referenced company and we are including the 2008 annual report renewal. Please note that this renewal was originally sent on March 12, 2008 (refer to copy attached) and it seems to have been lost in the mail. We have contacted the Department of State on two occasions and it still does not reflect it being received.

To remedy this situation, we have prepared the report again, cancelled the prior payment and included the new payment. However, we hope you consider this situation which was out of our client's control and do not assess the extra penalty.

Very truly,



Leticia M. Rivero  
Accountant  
Kaufman, Rossin, & Co.

Enclosures  
Cc: Marcos Achar

@F:\13255000\2008\oth\ltr to accompany 2008 annual report renewal.doc

**KAUFMAN  
ROSSIN &  
CO.** PROFESSIONAL  
ASSOCIATION  
CERTIFIED PUBLIC ACCOUNTANTS