

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000052022

**Entity Name:** WATER MITIGATION SERVICES, INC.

**Current Principal Place of Business:**

1490 NE PINE ISLAND RD #8-C  
CAPE CORAL, FL 33909

**Current Mailing Address:**

1490 NE PINE ISLAND RD #8-C  
CAPE CORAL, FL 33909 US

**FEI Number: 46-2997759**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MIJARES, ONIX  
244 NE 10TH AVE  
CAPE CORAL, FL 33909 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVST  
Name MIJARES, ONIX  
Address 244 NE 10TH AVE  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name MIJARES, ONIX  
Address 244 NE 10TH AVE  
City-State-Zip: CAPE CORAL FL 33909

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MIJARES , ONIX**

**D**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date