

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000052022

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

**Current Principal Place of Business:**

4817 SW 144 CT  
MIAMI, FL 33175

**Current Mailing Address:**

4817 SW 144 CT  
MIAMI, FL 33175 US

**FEI Number: 46-2997759**

**Certificate of Status Desired: Yes**

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

MIJARES, ONIX  
4817 SW 144 CT  
MIAMI, FL 33175 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 4817 SW 144 CT  
City-State-Zip: MIAMI FL 33175

Title D  
Name MIJARES, ONIX  
Address 4817 SW 144 CT  
City-State-Zip: MIAMI FL 33175

*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: ONIX MIJARES**

**PVST**

**03/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date