

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 489964

1. Entity Name
WATER BROTHER CORPORATION



Principal Place of Business

3400 CORAL WAY
SUITE 400
MIAMI, FL 33145

Mailing Address

3400 CORAL WAY
SUITE 400
MIAMI, FL 33145



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1634473

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, GEOFFREY K
764 NE 111 ST
BISCAYNE PARK, FL 33161

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P RODRIGUEZ, FELIPE J 3984 SW 2ND STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, FELIPE M 3984 S.W. 2ND ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	T RODRIGUEZ, MARIA T 3984 S.W. 2ND STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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09/10/04-80002-012 150.00

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IN THIS SPACE**

12. I hereby 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 or trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felipe J. Rodriguez

9/11/2004 (305) 441-7686
Date Daytime Phone #