

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

05 SEP 16 PM 1:07

SECRETARY 50066925  
TALLAHASSEE, FLORIDA



08012005 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 1215 EAST BROWARD BLVD  
BISCAYNE PARK, FL 33164 SUITE 200  
Ft. Lauderdale, FL 33301

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)

8/25/2005

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

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 P  
NAME RODRIGUEZ, FELIPE J  
STREET ADDRESS 3984 SW 2ND STREET  
CITY-ST-ZIP MIAMI, FL

TITLE D  
NAME RODRIGUEZ, FELIPE M  
STREET ADDRESS 3984 S.W. 2ND ST.  
CITY-ST-ZIP MIAMI, FL

TITLE T  
NAME RODRIGUEZ, MARIA T  
STREET ADDRESS 3984 S.W. 2ND STREET  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100059793711  
09/20/05--01058--013 \*\*150.00

DO NOT WRITE  
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

8/25/2005 305-441-7686

Date

Daytime Phone #