


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 519768 1. Entity Name MIAMI WATER HEATER, INC.	
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Principal Place of Business 1324 NW 29 STREET MIAMI, FL 33142	Mailing Address 1324 NW 29 STREET MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1707029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS E
 1324 NW 29TH ST
 MIAMI, FL 33142**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, CARLOS E SR. 8931 SW 52ND STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANCHEZ, CARLOS E JR. 8405 SW 91 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORIEGA, CRISTINA 8360 SW 87 TER MIAMI, FL 33143
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01/30/07-80011-021 158.75

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12. 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 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: Cristina Noriega 1-24-07 (305)633-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #