## 2004 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

## Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # 543080** 1. Entity Name 04-01-2004 90029 004 \*\*\*158.75 NATIONAL WATERS INDUSTRIES, INC. Principal Place of Business Mailing Address 8800 SW 83 CT 8800 SW 83 CT **94041247 MIAMI FL 33156** MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For 4. FEI Number City & State City & State **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPOS, MINERVA (MRS) Street Address (P.O. Box Number is Not Acceptable) 8800 SW 83RD CT MIAMI FL 33183 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) \*\* FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FERMIN ADA NAME NAME STREET ADDRESS 6248 S.W. 127 CT STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE CAMPOS, MINERVA NAME NAME STREET ADDRESS 8800 SW 83 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FERMIN, REGINA NAME STREET ADDRESS 1810 NW 18 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

**FILED**