2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PARTED NAME OF SIGNING OF

DOCUI 1. Entity Nam AQUA CO					FILED Feb 07, 2006 08:00 All Secretary of State				
Principal Plac	e of Business	Mailing Address			•				
4001 N. OCEAN BLVD.		4001 N. OCEAN BLVD. PH4B				Kiec ennet Witte www. SSEsc entit t	Who wealt didn south a	/24 minii 818:	11 (5.5)
PH4B BOCA RATON FL 33431 US		BOCA RATON FL 33431 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			15	st MOORE	CR2E034 (1	0/05)	
City & State		City & State			4. FEI Numb	59-1983052		-	plied For LApplicabl
Zip	Country	Zip Coun		try	5. Certificate of Status Desired				
·	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	egistered Age	nt	
1/16				Name					
400 PH4	BAN, ARNOLD H 1 N. OCEAN BLVD. IR			Street Address (P.O. Box Number is Not Acceptable)					
	CA RATON FL 33431			City				To Code	
·				City			FL	Zip Code	
8. The above the obligat	e named entity submits this statement for lions of registered agent,	or the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo	rīda. I am fam	iliar with,	and accep
SIGNATURE .	Signature, typed or printed name of registered agent	and tille if applicable (NOTE	Registere	d Agent signalure impulie	of when roihstaling)	· · · · · · · · · · · · · · · · · · ·	DATE .	·	
F	ILE NOW!!! FEE JS \$150.00	**************************************		 	■	9. Election Campa	ion Einancina	QE /)0 Мау Ве
	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o					Trust Fund Con	<u> </u>		d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DI	RECTORS	SIN 11
THLE	SD	☐ Delete	TITL	1			Ė	Change	∏ AdJiti:
NAME STREET ADDRESS	KAGAN, BARBARA		NAM OTO	IE FET ADDRESS					
CITY-ST-ZIP	932 PRINCETON DR SANTA MONICA CA 90403		•	-ST-ZIP	U00000424499				
TITLE	PD	☐ Delete	nn	Ε		U27187U6-8C		Change	U Addis
MALAE	KAGAN, RICHARD M		MAN	IE .				•	_
STREET ADDRESS	27 TWEED BLVD.			EET ADDRESS					
CITY-ST-ZIP	UPPER GRANDVIEW NY 10960		-	-SI-ZIP				1 00	
TITLE NAME	(VPD KAGAN, ARNOLD H	☐ Delete	TITL MAM	1			!_	Change	Aúdilio
STREET ADDRESS	4001 N. OCEAN BLVD, PH4B			LLI ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33431		cit	-ST-ZIP			 	·	
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NAME			NAM	i					
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NAME			NAN	16					
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STREET ADDRESS			1	EET ADDRESS					
CITY-ST-ZIP			CITY	1-ST-ZIP					
12. I hereby indicated of the co	certify that the information supplied wild on this report or supplemental report poration or the receiver or trustee emed, or on an attachment with an additional or the supplemental of the supplementation o	th this filing does not qualify fistrue and accurate and that repowered to execute this reports, with all other like empower	or the e my signa it as req red.	xemptions contain sture shall have the uired by Chapter 6	ed in Section 1 e same legal effe 507, Florida Stat	19, Florida Statutes ect as if made under utes; and that my nar	further certify oath; that I am ne appears in	that the in an officer Block 10 o	nformation or direction or Block 1

ICER OR PRECTOR