

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT #674437

1. Entity Name  
THE NATURAL SPRING WATERS CORPORATION



**FILED  
May 21, 2007 8:00 am  
Secretary of State**

05-21-2007 90055 049 \*\*\*150.00

Principal Place of Business  
P.O. BOX 430964  
SOUTH MIAMI, FL 33243

Mailing Address  
P.O. BOX 430964  
SOUTH MIAMI, FL 33243

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

05182007 Chg-P CR2E034 (12/06)

Zip

Country

Zip

Country

4. FEI Number  
59-2012010

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

UGENT, ADA E  
600 ARVIDA PARKWAY  
CORAL GABLES, FL 33156

Name **AVERY UGENT**

Street Address (P.O. Box Number is Not Acceptable)  
**600 ARVIDA PARKWAY**

City **Coral Gables**

FL Zip Code  
**33156**

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.

*Avery A. Ugent* **AVERY A. UGENT**

**05-18-07**

SIGNATURE

*Avery A. Ugent* 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 14, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V UGENT, AVERY P.O. BOX 430964 (N/A) SOUTH MIAMI, FL 33243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST UGENT, ADA E P O BOX 430964 SOUTH MIAMI, FL 33243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**05-18-07 (305) 666-5595**

**SIGNATURE: *Avery A. Ugent***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #