


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90053 028 \*\*\*158.75

<b>DOCUMENT # F04000003677</b> 1. Entity Name <b>SPLASHWORKS BATH FURNISHINGS, INC.</b>			
Principal Place of Business <b>80 S.W. 8TH STREET, SUITE 2809 MIAMI, FL 33130</b>		Mailing Address <b>80 S.W. 8TH STREET, SUITE 2809 MIAMI, FL 33130</b>	
2. Principal Place of Business <b>4006 AURORA Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>4006 AURORA Street</b> Suite, Apt. #, etc.	
City & State <b>CORAL Gables</b> Zip Country <b>33146</b>		City & State <b>CORAL Gables</b> Zip Country <b>33146</b>	
4. FEI Number <b>76-0730197</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>WISE, CYNTHIA</b> <b>80 S.W. 8TH STREET, SUITE 2809</b> <b>MIAMI, FL 33130</b>		7. Name and Address of New Registered Agent Name <b>Wise Cynthia</b> Street Address (P.O. Box Number is Not Acceptable) <b>4006 AURORA Street</b> City <b>CORAL Gables</b> FL Zip Code <b>33146</b>	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WISE, CYNTHIA 80 S.W. 8TH STREET, SUITE 2809 MIAMI, FL 33130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Wise Cynthia</b> <b>4006 AURORA Street</b> <b>CORAL Gables, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Cynthia Wise</b> <b>3/28/05</b> <b>(305) 443-0240</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			