APR.28.2004 8:51AM GZWP LLC CPA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90254 037 ***158.75

DOCUMENT # F23759

1. Entity Name
AQUAMARCITE CO.

Principal Place of Business	Mailing Address
91114 W TERR #1302 7400 NW 17 ST unit 306 PLANTATION, FL 33324 US Plantation 33313	PO BOX 16313 PLANTATION, FL 33318 US

04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2073773 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, MICHAEL
911 NW 85 TERR #1302 7400 NW 17 ST
PLANTATION, FL 33324 Plantation 33313

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	STEVENS, WESLEY E.
STREET ADDRESS	977 N.W. 79TH TERRACE
CITY-ST-ZIP	PLANTATION, FL
TITLE	P
NAME	PHILLIPS, MICHAEL
STREET ADDRESS	911 NW 85 TERR #1302 7400 NW 17 ST unit 306
CITY-ST-ZIP	PLANTATION, FL 33328 Plantation FL 33313
TITLE	VP
NAME	DIGIRDAMO, ALBERT
STREET ADDRESS	8528 OLD COUNTRY MANOR #123
CITY-ST-ZIP	DAVIE, FL 333258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael Phillips 4/29/04 9547452008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #