

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F97000001887

1. Entity Name

FOG WATER, INC.



Principal Place of Business

PO BOX 570085
MIAMI FL 33257-0085

Mailing Address

PO BOX 570085
MIAMI FL 33257-0085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PEDERSEN, BARBARA Z
6149 PARADISE PT DR
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DCPV
PEDERSEN, GEORGE C
6149 PARADISE PT DRIVE
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
PEDERSEN, GEORGE C
6149 PARADISE PT DRIVE
MIAMI FL 33157 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Add
U00000483884
04/12/06-80015-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 IFC empowered.

SIGNATURE:

[Signature]

FILED
Mar 29, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0692940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required