

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K15811

1. Entity Name

COSCAN WATERWAYS, INC.



Principal Place of Business

**5555 ANGLERS AVE., STE 1A
FORT LAUDERDALE FL 33312
US**

Mailing Address

**5555 ANGLERS AVE., STE 1A
103
FORT LAUDERDALE FL 33312
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0053485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND STREE
STE 2900
MIAMI FL 33131**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PIAZZA, ALBERT
STREET ADDRESS 5555 ANGLERS AVE., STE 1A
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE S ☐ Delete
NAME MUELLER, JANET P
STREET ADDRESS 5555 ANGLERS AVE., STE 1A
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE VD ☐ Delete
NAME NEAL, MICHAEL R
STREET ADDRESS 5555 ANGLERS AVE., STE 1A
CITY-ST-ZIP FORT LAUDERDALE FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000066378
02/26/04-80013-004 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT C. PIAZZA

2/16/04

954 620 1000

Date

Daytime Phone #