2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 02, 2007 08:00 AM **Secretary of State** DOCUMENT # L25236 1. Entity Name AQUATHIN INTERNATIONAL EXPORT CORPORATION Principal Place of Business Mailing Address 950 SOUTH ANDREWS AVENUE 950 SOUTH ANDREWS AVENUE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2005033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIPSHULTZ, ALFIE J DO NOT WRITE 950 S ANDREWS AVE POMPANO BCH, FL 33069 IN THIS SPACE 3. 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, typed or printed name of registered agent and site if applicable DATE (NOTE, Registered Agent signature required when reinstading) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE NAME LIPSCHULTZ, ALFIE STREET ADDRESS 950 S ANDREWS AVE CITY-ST-ZIP POMPANO BEACH, FL U00000617382 TITLE 02/07/07-80071-015 150.00 NAME LIPSCHULTZ, MITCHELL STREET ADDRESS 950 S ANDREWS AVE POMPANO BEACH, FL CITY-ST-ZIP TITS F LIPSCHULTZ, DEBORAH NAME STREET ADDRESS 950 S ANDREWS AVE DO NOT WRITE POMPANO BEACH, FL City-St-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ental 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 tristee emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other fike emprovered. 12. I hereby certify that the information indicated on this report or supplem supplement seiver or tr

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED