

2006 for Profit Corporation Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -8 PM 3:25

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M48566

1. Corporation Name

Aquadynamics Design Group, Inc.

2. Principal Office Address

4910 SW 72 Ave

3. Mailing Office Address

-

Suite, Apt. #, etc.

-

Suite, Apt. #, etc.

-

City & State

Miami, FL

City & State

-

Zip

33155

Country

USA

Zip

-

Country

-

CR2E081 (12/05)

06

4. Date Incorporated or Qualified
To Do Business in Florida

3/18/1987

5. FEI Number

592784526

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John J. Wahler

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

4910 SW 72 Ave

Suite, Apt. #, Etc.

-

City

Miami, FL

State

FL

Zip Code

33155

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John J. Wahler

Date 5/11/2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John J. Wahler	4910 SW 72 Ave	Miami, FL. 33155
VP	Ofelia Taboada	4910 SW 72 Ave	Miami, FL. 33155
S	John J. Wahler	4910 SW 72 Ave	Miami, FL. 33155

800076298449
05/15/06--01042--024 **550.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John J. Wahler

5/11/2006 305.667.8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell

JUN 13 2006