

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64947

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: AQUA LIFE II CORPORATION

## Current Principal Place of Business:

11035 BIRD RD  
MIAMI, FL 33165 US

## New Principal Place of Business:

## Current Mailing Address:

11035 BIRD RD  
MIAMI, FL 33165 US

## New Mailing Address:

FEI Number: 65-0021802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IBARRA, ANA  
6238 SW 50 ST  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: IBARRA, ANA,  
Address: 4033 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL

Title: DVS ( ) Delete  
Name: IBARRA, RAYMOND,  
Address: 4033 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL

Title: DT ( ) Delete  
Name: IBARRA, LUIS F.,  
Address: 4033 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: IBARRA, LUIS E  
Address: 13100 SW 103RD TERR  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA IBARRA

DP

04/27/2004

Electronic Signature of Signing Officer or Director

Date