


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90190 049 \*\*\*\*61.25

<b>DOCUMENT # N49087</b>	
1. Entity Name <b>MANANTIAL DE AGUAS VIVAS, INC.</b>	

Principal Place of Business <b>POST OFFICE BOX 35-1116 MIAMI, FL 33135</b>	Mailing Address <b>POST OFFICE BOX 35-1116 MIAMI, FL 33135</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0403576</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SCHWARTZ, MARIA R. 158 SOUTHWEST 96TH COURT MIAMI, FL 33174</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHWARTZ, MARIA</b>			NAME			
STREET ADDRESS	<b>158 SW 96TH CT.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL</b>			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ORTIZ, OLGA</b>			NAME			
STREET ADDRESS	<b>5131 SW 1ST ST.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL</b>			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<b>Secretary-Treas. Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEARMAS, ALICIA</b>			NAME			
STREET ADDRESS	<b>1050 PALERMO AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES, FL</b>			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ORTIZ, ROSELO</b>			NAME			
STREET ADDRESS	<b>5131 SW 1ST ST.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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: Maria R. Schwartz Maria R. Schwartz, Pres. 4-20-06 305-392-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #