


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000095637**  
 1. Entity Name  
**A.M. WATER TRANSFER PRINTING, INC.**



Principal Place of Business 14363 S.W. 139 COURT MIAMI, FL 33186	Mailing Address 14363 S.W. 139 COURT MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1047088	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 TORRES, ALEJANDRO  
 14363 SW 139 CT  
 MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000082170  
 03/09/04-80018-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, ALEJANDRO 14363 SW 139 CT MIAMI, FL 33186
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **ALEJANDRO TORRES, PRES** 02/24/04 (305) 228-9451  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #