

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000009167

Entity Name: GAGUS WATER BICYCLE, INC

FILED
Feb 10, 2005
Secretary of State

Current Principal Place of Business:

459 POINCIANA ISLAND DRIVE UNIT 1515
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

PO BOX 650673
MIAMI, FL 33265

New Mailing Address:

FEI Number: 65-1072764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANGO, GUSTAVO
459 POINCIANA ISLAND DRIVE UNIT 1515
NORTH MIAMI BEACH, FL 33160 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: GUSTAVO ARANGO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARANGO, GUSTAVO
Address: 459 POINCIANA ISLAND DRIVE UNIT 1515
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VD () Delete
Name: POSADA, GABRIEL
Address: 459 POINCIANA ISLAND DRIVE UNIT 1515
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SD () Delete
Name: OLARTE, OSCAR M
Address: 459 POINCIANA ISLAND DRIVE UNIT 1515
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VD () Delete
Name: POSADA, CARLOS M
Address: 459 POINCIANA ISLAND DRIVE, UNIT 1515
City-St-Zip: NORTH MIAMI, FL 33160

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: GUSTAVO ARANGO

PD

02/10/2005

Electronic Signature of Signing Officer or Director

Date