2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P01000009167

Entity Name: GAGUS WATER BICYCLE, INC

Current Principal Place of Business:

9822 SUGARWOOD WAY
MIAMI, FL 33186

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
255 SW 128 AVE
HOMESTEAD, FL 33032 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: PD ( ) Delete
Name: ARANGO, GUSTAVO
Address: 255 SW 128 AVE
City-St-Zip: HOMESTEAD, FL 33032

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 exemption stated 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 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 ARANOG PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date