

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90085 032 ***150.00

DOCUMENT # P01000055571

1. Entity Name
WATERFRONT REAL ESTATE, INC.



Principal Place of Business
**7121 GULF BLVD.
ST. PETE BCH, FL 33706**

Mailing Address
**7121 GULF BLVD.
ST. PETE BCH, FL 33706**

4000000000



2. Principal Place of Business - No P.O. Box #
17003 GULF BLVD
Suite, Apt. #, etc.

3. Mailing Address
17003 GULF BLVD
Suite, Apt. #, etc.

01312007 Cha-P CR2E034 (12/06)

City & State
N. REDINGTON BEACH, FL
Zip
33108 Country
US

City & State
N. REDINGTON BEACH, FL
Zip
33108 Country

5/ FEI Number
59-3086101 Applied For
Not Applicable
6/ Certificate of Status Desired ☐ 90/86 Beejupobm
Gf f ISf rvjd e

7/ Obn f lboelBeesf t t lpgDvsf ouSf hjt u f e lBhf ou
NINK, LESLIE M
7121 GULF BLVD.
ST. PETE BCH, FL 33706

8/ Obn f lboelBeesf t t lpgDvsf ouSf hjt u f e lBhf ou
Name
NINK LESLIE M
Street Address (P.O. Box Number is Not Acceptable)
17003 GULF BLVD.
City
N. REDINGTON BEACH, FL GM Zip Code
33108

[Signature]

9/ 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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

☐ Election Campaign Financing
Trust Fund Contribution. ☐ 96/11 NbzICf I
Beef elupIGf t

21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NINK, LESLIE M 7121 GULF BLVD. ST. PETE BCH, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NINK, LESLIE M 17003 GULF BLVD. N. REDINGTON BEACH, FL 33108 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ 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 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.

T.HOBUSF; *[Signature]*
T.HOBUSF; BOERLZCFEP SICSDUF NOBN FIP QTY HOCHIP QSDP SIF SIF DUPS

Date _____ Daytime Phone # _____