


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90062 047 ***150.00

DOCUMENT # P01000071273

1. Entity Name
AGUACLARA ENTERPRISES, CORP.



Principal Place of Business
2899 COLLINS AVENUE
TRITON TOWER, PH-L
MIAMI BEACH, FL 33140

Mailing Address
2899 COLLINS AVENUE
TRITON TOWER, PH-L
MIAMI BEACH, FL 33140

2. Principal Place of Business
18728 SW 17 COURT
 Suite, Apt. #, etc.

3. Mailing Address
18728 SW 17 COURT
 Suite, Apt. #, etc.

City & State
MIRAMAR FL

City & State
MIRAMAR, FL

Zip
33029

Country

Zip
33029

Country

2004004

02172004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1123801

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ENRIQUE LORENZO, JOSE'
1820 N CORPORATE LAKES BLVD #203
FORT LAUDERDALE, FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, JESUS O 2899 COLLINS AVE., TRITON TWR., PH-L MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMADO, MARIA JOSEFA 2899 COLLINS AVE., TRITON TWR., PH-L MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, MARIA CAROLINA 2899 COLLINS AVE., TRITON TWR., PH-L MIAMI BEACH, FL 33140 | <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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18728 SW 17 COURT MIRAMAR, FL 33029 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18728 SW 17 COURT MIRAMAR, FL 33029 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18728 SW 17 COURT MIRAMAR, FL 33029 | |
| 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 |
| | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ **2/18/04** **(954) 442-5314**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #