


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-25-2004 90062 047 \*\*\*150.00

<b>DOCUMENT # P01000071273</b>		
1. Entity Name <b>AGUACLARA ENTERPRISES, CORP.</b>		

Principal Place of Business <b>2899 COLLINS AVENUE TRITON TOWER, PH-L MIAMI BEACH, FL 33140</b>	Mailing Address <b>2899 COLLINS AVENUE TRITON TOWER, PH-L MIAMI BEACH, FL 33140</b>
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2. Principal Place of Business <b>18728 SW 17 COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>18728 SW 17 COURT</b> Suite, Apt. #, etc.
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City & State <b>MIRAMAR FL</b>	City & State <b>MIRAMAR, FL</b>
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Zip <b>33029</b>	Country	Zip <b>33029</b>	Country
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**71010054**

02172004 Chg-P CR2E034 (10/03)

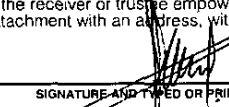
4. FEI Number <b>65-1123801</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ENRIQUE LORENZO, JOSE' 1820 N CORPORATE LAKES BLVD #203 FORT LAUDERDALE, FL 33326</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable.	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18728 SW 17 COURT MIRAMAR, FL 33029
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18728 SW 17 COURT MIRAMAR, FL 33029
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18728 SW 17 COURT MIRAMAR, FL 33029
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>2/18/04</b> Daytime Phone # <b>(954) 442-5314</b>