


FILED
Feb 18, 2005 8:00 am
Secretary of State

01-14-2005 90003 024 ***150.00

**2005 FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000071273
 1. Entity Name
AGUACLARA ENTERPRISES, CORP.



Principal Place of Business 18728 SW 17 COURT HOLLYWOOD, FL 33029	Mailing Address 18728 SW 17 COURT HOLLYWOOD, FL 33029
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66002268



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, JESUS O
STREET ADDRESS	18728 SW 17 COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	D
NAME	AMADO, MARIA JOSEFA
STREET ADDRESS	18728 SW 17 COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	D
NAME	PEREZ, MARIA CAROLINA
STREET ADDRESS	18728 SW 17 COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

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: _____ Date: **02/11/05** Daytona Phone #: **305-2442337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR