FILED
Jun 25, 2002 8:00 am
Secretary of State
05-14-2002 90073 001 ***750.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000082358

1. Entity Name
Aquatic Engineering & Construction Inc.

DO NOT WRITE IN THIS SPACE

94901
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2. Principal Place of Business	3. Mailing Address
9300 NW 25 ST	9300 NW 25 ST
Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc. Suite 208
City & State Miami, FL	City & State Miami, FL
Zip 33172 Country Dade	Zip 33172 Country Dade

4. FEI Number 65-1132583 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name GUSTAVO A. VILLOLDO
Street Address (P.O. Box Number is Not Acceptable) 9300 NW 25 ST SUITE 208
Miami, FL 33172
City Miami, Dade, FL FL Zip Code 33172

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.

SIGNATURE GUSTAVO A. VILLOLDO [signature] 050102
Signature, type or print name of registered agent and date if applicable (Required Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	
STREET ADDRESS	GUSTAVO A VILLOLDO
CITY-ST-ZIP	9300 NW 25 ST STE 208 Miami, FL 33172
TITLE	Vice-Pres
NAME	
STREET ADDRESS	Raul Llaneras
CITY-ST-ZIP	9300 NW 25ST ST 208 Miami, FL 33172
TITLE	
NAME	George Branner
STREET ADDRESS	Secretary
CITY-ST-ZIP	9300 NW 25 ST ST 208 Miami, FL 33172
TITLE	
NAME	
STREET ADDRESS	
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CR2E064B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 050102 786-331-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #