

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000083465

1. Entity Name
HYDRO-TECH OF POMPANO BEACH INC.



Principal Place of Business
1951 NW 21 ST.
POMPANO BEACH, FL 33069

Mailing Address
1951 NW 21 ST.
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



03222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1129466	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

PICAZIO, MICHAEL J
2101 MIDDLE RIVER DR.
FT. LAUDERDALE, FL 33305

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000883373
04/17/08-80001-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PICAZIO, MICHAEL J
STREET ADDRESS	2101 MIDDLE RIVER DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	ST
NAME	PICAZIO, JAMES
STREET ADDRESS	2001 NE 34TH ST.
CITY-ST-ZIP	LIGHHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/08 9549681885