

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90271 012 \*\*\*155.00

20046389



03122005 Chg-P CR2E034 (10/03)

**DOCUMENT # P01000119081**

1. Entity Name  
POWERWATERS, INC.



Principal Place of Business  
9881 PALMA VISTA WAY  
BOCA RATON, FL 33428

Mailing Address  
9881 PALMA VISTA WAY  
BOCA RATON, FL 33428

2. Principal Place of Business  
7144 NW 48th Ln.

3. Mailing Address  
7144 NW 48th Ln.

Suite, Apt. #, etc.

City & State  
Cocoanut Creek, FL

City & State  
Cocoanut Creek, FL

Zip  
33073

Country  
U.S.A.

4. FEI Number  
30-0037550

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AZABACHE, JORGE L  
9881 PALMA VISTA WAY  
BOCA RATON, FL 33428

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS AZABACHE, JORGE L 9881 PALMA VISTA WAY BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7144 NW 48th Ln. Cocoanut Creek, FL, 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: Jorge L. Azabache JORGE L. AZABACHE 04/22/05 (561) 929-8927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #