

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000120230

1. Entity Name
BWS HOLDING COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 8:57

Principal Place of Business
5201 BLUE LAGOON DR
250
MIAMI, FL 33126

Mailing Address
5201 BLUE LAGOON DR
250
MIAMI, FL 33126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04072008 Chg-P CR2E034 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALLETS, EUNICE
2825 SW 22ND AVE - STE. 105
DELRAY BEACH, FL 33445

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
OTALVARO, NOAH
5201 BLUE LAGOON DR # 250
MIAMI, FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
OTALVARO, FRANCISCO
5201 BLUE LAGOON DR # 250
MIAMI, FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
Antonio Otalvaro
5201 Blue Lagoon Drive, #250
Miami, Florida 33126 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300125503043
04/24/08--01008--005 **627.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

Antonio Otalvaro, Pres., 4/9/08 (305) 266-9133

Date

Daytime Phone #