**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business  10848 NW. 29TH TERRACE  10848 NW. 29TH TERRACE  10848 NW. 29TH TERRACE  Suria. April 4, obc.  Suria. April 5, obc.  Suria. April 6, obc.  Suria. Ap	DOCUMENT # P02000026758 *  1. Entity Name AQUATRACTOR, CORP.				Feb 02, 2004 08:00 AM Secretary of State		
AMAIN FL 33172   AMAI	D I Div.	(5)	A 4 70 A 3 3 4 4 4		مستنسط		
MAMI FL 33172  2. Principal Place of Business  3. Majiling Address  Busin, Apt. #, etc.  Suite, Apt. #, etc.  A. FD Number of 2-0568028  Nooled For Not Applicable of Suite, Application of Suite of Suite, Application of Suite, Application of Suite, Application of Suite, Application of Suite of Suite of Suite, Application of Suite of Suite, Application of registered Agent  Name  RINCON, JOSE ENRIQUE  Screw Address (P.O. Box Number is Not Application of Portical, I and Edition of Suite of Suite of Portical, I and Edition of registered agent.  SCIONATURE  Suite Address of Portical Suite of Suite of Portical, I and Edition with, and accept the origination of registered agent.  SCIONATURE  Suite Address of Portical Suite of Porti	, ,			DACE			
Suife. Act. 4, etc.    Suife. Act. 4, etc.   Suife. Act. 4, etc.   MOORE   CR2634 (11/03)   Coy 6 State   Cry 6 State   A. FEI Number 02-0566026   Not 2-pp   Not 2-p							
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City & State  Ci	2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			
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2p   Country   Zp   Country   S. Centilicate of Status Desired   S. S. Additional   Fig. Required   S. Centilicate of Status Desired   S. S. Additional   Fig. Required   S. Centilicate of Status Desired   S. S. Additional   Fig. Required   S. Centilicate of Status Desired   S. Centilicate of New Registered Agent   Name   Street Address of P.C. Box Number in Not Acceptable)   Name   Street Address of P.C. Box Number in Not Acceptable)   Street Address of P.C. Box Number in Not Acceptable)   Street Address of P.C. Box Number in Not Acceptable to Provide a statement for the purpose of changing its registered agent, or bodit, in the State of Provide Lawritanian with the Acceptable to Provide a statement agent and the Aspectable.   DoCIT. Registered Agent, or bodit, in the State of Provide Lawritanian and Address of Provide State Address of Provide	Suite, Apt.	, #, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
E. Name and Address of Current Registered Agent  RINCON, JOSE ENRIQUE  RINCON, JOSE ENRIQUE  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent are obligations of registered agent.  City FL 2gr Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$500.00  Make Check Prayable to Fonds ade Department of State  10. OFFICERS AND DIRECTORS  ITIL  INM.  INM.  RINCON, JOSE ENRIQUE  ITIL  INM.  RINCON, JOSE ENRIQUE	City & Star	te .	City & State		<u> </u>	DO DESENSE	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  RINCON, JOSE ENRIQUE 10545 NW 29TH TERRACE MIAMI FL 33172    City   FL   Zip Code   Display   City	Zip	Gountry	Zip	Country		5 Continues of Status Control 5 \$8.75 Additional	
RINCON, JOSE ENRIQUE 10545 NW 29TH TERRACE MIAMI FL 33172  City FL Zgr Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Turn familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Rayable to Florida Department of State  OM-Ricers And Directors  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII. PID OFFICERS AND DIRECTORS IN 11  IIII. PID OFFICERS AND DIRECTORS IN 11  IIII. PID OFFICERS AND DIRECTORS IN 11  IIII. NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII. NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII. NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII. NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII. NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII. NAME  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII. NAME  SIRET ADDITIONS  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII. NAME  SIRET ADDITIONS  SIRET ADDITIONS  SIRET ADDITIONS  SIRET ADDITIONS  CITY -51-2P  III. NAME  SIRET ADDITIONS  SIRET						Fee Required	
MIAMI FL 33172    City	<u> </u>	6. Name and Address of Curren	t Hegistered Agent	Name		7. Name and Address of New Registered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Pionda. I am familiar with, and accept the obligations of registered agent.    Signature hydroid or prises name of required agent and Not application.   (NOTE. Registered Agent synature required who restating)   DATE.	105	45 NW 29TH TERRACE		Street A	ddress (f	P.O. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Pionda. I am familiar with, and accept the obligations of registered agent.    Signature hydroid or prises name of required agent and Not application.   (NOTE. Registered Agent synature required who restating)   DATE.					<del></del> .		
The obligations of registered agent.  SIGNATURE  Signatura holds or perties name of insplitted agent and like if applicable.  ONOTE. Registered Agent sensure required when restaurance)  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Pforkida Department of State  10. OFFICERS AND DIRECTORS  TITLE  PD  RINCON, JOSE ENRIQUE  RINCON, JOSE ENRIQUE  SIRET ADDRESS  CITY-51-29  MIAMA FL 33178  Delete  TITLE  MAKE  SIRET ADDRESS  CITY-51-29  TITLE				City		FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.							
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After Mey 1, 2004 Fee will be \$55.00 May Be Added to Fee Mile Make Check Payable to Florida Department of State  10.	Signatura, typed or printed name of registered agont and title (if applicable). (NOTE, Registered Agent signature required when reinstating). DATE						
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SIGNATURE: 1/30/04 (305)477-4465	indicated of the co	f on this report or supplemental report reporation or the receiver or trustee emp	is true and accurate and that r powered to execute this report	my signature shall h as required by Cha	ave the s	same legal effect as if made under gath; that I am an officer or director	
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**FILED**