

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060573

Entity Name: AQUACHILE, INC.

FILED
Jan 18, 2005
Secretary of State

Current Principal Place of Business:

DENIS MARTELL
1830 MAIN ST. SUITE 200
WESTON, FL 33326

New Principal Place of Business:

GASTON DUPRE
1830 MAIN ST. SUITE 200
WESTON, FL 33326

Current Mailing Address:

DENIS MARTELL
1830 MAIN ST. SUITE 200
WESTON, FL 33126

New Mailing Address:

GASTON DUPRE
1830 MAIN ST. SUITE 200
WESTON, FL 33126

FEI Number: 36-4501859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREYRE, PEDRO A ESQ.
ONE SOUTHEAST THIRD AVENUE
28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/S () Delete
Name: FISCHER-LLOP, HUMBERTO DIR.
Address: 1830 MAIN ST., SUITE 200
City-St-Zip: WESTON, FL 33126

Title: DVP () Delete
Name: BUCHI-ACUÑA, VICTOR H DIR.
Address: 1830 MAIN ST., SUITE 200
City-St-Zip: WESTON, FL 33126

Title: P () Delete
Name: MARTELL, DENIS
Address: 1830 MAIN ST., SUITE 200
City-St-Zip: WESTON, FL 33126

Title: VPT () Delete
Name: DUPRE, GASTON
Address: 1830 MAIN ST., SUITE 200
City-St-Zip: WESTON, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MARQUEZ, ALFONSO D
Address: 1830 MAIN ST., SUITE 200
City-St-Zip: WESTON, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASTON DUPRE

VP

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date