


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90088 033 ***150.00

DOCUMENT # P02000061941	
1. Entity Name AGUASANTA CORPORATION	

Principal Place of Business 15231 SW 80 ST #510 MIAMI, FL 33193	Mailing Address 15231 SW 80 ST #510 MIAMI, FL 33193
---	---

2. Principal Place of Business 20030 NE 21 AVE	3. Mailing Address 20030 NE 21 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Miami Beach FL	City & State North Miami Beach FL
Zip 33179	Country USA
Zip 33179	Country USA



04102004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0463125	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent RODRIGUEZ, CELESTE 15231 SW 80 ST #510 MIAMI, FL 33193	
--	--

7. Name and Address of New Registered Agent Name RODRIGUEZ, CELESTE Street Address (P.O. Box Number is Not Acceptable) 15241 SW 80 ST APT 311 City Miami FL Zip Code 33193	
---	--

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 <i>Celeste Rodriguez</i> DATE 04/12/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
---	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME RODRIGUEZ, CELESTE	
STREET ADDRESS 15241 SW 80 STREET APT. #311	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME RODRIGUEZ, CELESTE	
STREET ADDRESS 15241 SW 80 ST APT 311	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME HERNANDEZ, GABRIELA	
STREET ADDRESS 15221 SW 80 ST APT 612	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME PALMERO, FRANCISCO	
STREET ADDRESS 15221 SW 80 ST APT 612	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: <i>Celeste Rodriguez</i>	DATE: 04/12/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>