


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90001 025 ***150.00

DOCUMENT # P02000078247

1. Entity Name
ACQUA FASHION GROUP, INC.



Principal Place of Business
2516 PONCE DE LEON BLV
10815 SW 29 TERR
CORAL GABLES, FL 33134

Mailing Address
C/O LUPE A VALDES
10815 SW 29 TERR
MIAMI, FL 33165

54069026

2. Principal Place of Business
2516 Ponce de Leon Blvd
 Suite, Apt. #, etc.

3. Mailing Address
2516 Ponce de Leon Blvd
 Suite, Apt. #, etc.



08112004 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

4. FEI Number
02-0633792

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

VALDES, LUPE A
2516 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00!
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VALDES, LUPE A	
STREET ADDRESS	2516 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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
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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: **X Lupe A. Valdes Lupe A. VALDES** **8/13/04** **305.292.6418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment

54069024
#P02000078247

3785 NW 82 Avenue • Suite 417 • Miami, FL 33166
Tel: 305.477.1988 • Fax: 305.477.1688

LESTER BARRERAS C.P.A., P.A.

**INCOME TAX RETURN
FILING INSTRUCTIONS**

NAME OF TAXPAYER Arqua Fashion Group Inc. YEAR 2004

RETURN:

- | | |
|--|--|
| <input type="checkbox"/> 1040 Individual Tax Return | <input type="checkbox"/> F1120 Corporate Income Tax |
| <input type="checkbox"/> 1065 Partnership Tax Return | <input type="checkbox"/> 1041 Fiduciary Tax Return |
| <input type="checkbox"/> 1120 Corporate Tax Return | <input type="checkbox"/> Intangible Tax Return |
| <input type="checkbox"/> 1120S Corporate Tax Return | <input checked="" type="checkbox"/> Other: <u>Annual Corp Report</u> |

SIGNATURE:

- The return should be signed where indicated by a mark by:
- | | |
|---|---|
| <input type="checkbox"/> Taxpayer | <input checked="" type="checkbox"/> One of the officers of the corporation. |
| <input type="checkbox"/> Taxpayer and wife | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> One of the partners | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Each election where indicated, on page _____ | |

DUE DATE:

Mail on or before 9/8/04

REMITTANCE:

Tax Due: \$ 150.00

\$ _____ will be refunded to you.

\$ _____ will be credited on your estimated tax declaration.

MAILING INSTRUCTIONS:

- Mail to:
- | | |
|---|--|
| <input type="checkbox"/> Internal Revenue Service Center
Ogden, UT 84201-0013 | <input type="checkbox"/> with remittance
<input type="checkbox"/> without remittance |
| <input type="checkbox"/> Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32399-0140 | Use I.R.S. Federal Tax Deposit
Coupon Book and deposit at
your local depository bank |
| <input checked="" type="checkbox"/> <u>Division of Corps.</u>
<u>P.O. Box 6198</u>
<u>Tallahassee, FL 32314</u> | |

COMMENTS:
