

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90291 014 ***150.00

DOCUMENT # P02000089583

1. Entity Name
CHEM-FREE WATER, INC.



Principal Place of Business
4770 BISCAYNE BOULEVARD
SUITE 1020
MIAMI, FL 33137

Mailing Address
4770 BISCAYNE BOULEVARD
SUITE 1020
MIAMI, FL 33137

2. Principal Place of Business

9999 NE 2nd Avenue

3. Mailing Address

9999 NE 2nd Ave

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

Miami Shores, FL

City & State

Miami Shores, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

04072006

Chg-P

CR2E034 (11/05)

4. FEI Number
14-1883133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALE, KELLY E
4770 BISCAYNE BOULEVARD
SUITE 1020
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name Kelly E. Gale

Street Address (P.O. Box Number is Not Acceptable)

9999 NE 2nd Avenue, Ste. 304

City Miami Shores

FL

Zip Code 33138

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

Kelly E. Gale

(NOTE: Registered Agent signature required when reinstating)

4-7-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GALE, KELLY E ☐ Delete
STREET ADDRESS 4770 BISCAYNE BOULEVARD, SUITE 1020
CITY-ST-ZIP MIAMI, FL 33137

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Gale, Kelly E.
STREET ADDRESS 9999 NE 2nd Avenue, Ste. 304
CITY-ST-ZIP Miami Shores, FL 33138

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kelly E. Gale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06 305-308-5063

Date

Daytime Phone #