2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000092822

MARBELLA COVE AT WATERSTONE, INC.



Principal Place of Business

80 S.W. 8TH STREET **SUITE 1870** MIAMI, FL 33130

Mailing Address

80 S.W. 8TH STREET **SUITE 1870** MIAMI, FL 33130

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90182 015 ***150.00

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04162007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 55-0801719 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

KAHN, S. LAWRENCE 80 S.W. 8TH STREET **SUITE 1870** MIAMI, FL 33130

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	ove named entity submits this statement for the purpose of chang	ing its registered office or registered agent	or both, in the State of Florida.	I am familiar with, and accept
the obli	gations of registered agent.			
	, N			
SIGNATUR	RE			
	Signature, byped or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinets	ting)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

- 9. Election Campaign Financing Trust Fund Contribution.
- \$5.00 May Be

OFFICERS AND DIRECTORS 10. TITLE KAHN, S. LAWRENCE III STREET ADDRESS 80 S.W. 8TH STREET SUITE 1870 CITY-ST-ZIP MIAMI, FL 33130 KAHN DRODY, LANI NAME STREET ADDRESS 80 S.W. 8TH STREET SUITE 1870 CITY-ST-ZIP MIAMI, FL 33130 TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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:

CITY-ST-ZIP

111 O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR