


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000101683</b> 1. Entity Name ACUATICS USA, INC.	
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Principal Place of Business 4131 STAGHORN LN WESTON, FL 33331-3805	Mailing Address 4131 STAGHORN LN WESTON, FL 33331-3805
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**DO NOT WRITE IN THIS SPACE**

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04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3872533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VELEZ, AMPARITO  
4131 STAGHORN LN  
WESTON, FL 33331-3805

**DO NOT WRITE IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VELEZ, AMPARITO 4131 STAGHORN LN WESTON, FL 333313805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VELEZ, BEATRIZ 4131 STAGHORN LN WESTON, FL 333313805
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04/25/05-80131-002 150.00

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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: Mauricio Velez 04/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #