

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90044 033 ***150.00

DOCUMENT # P03000000515



1. Entity Name
ACQUALINA SERVICES CORPORATION

Principal Place of Business
19333 COLLINS AVE., #2308
NORTH MIAMI BEACH, FL 33160-4566

Mailing Address
19333 COLLINS AVE., #2308
NORTH MIAMI BEACH, FL 33160-4566



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
41-2073120

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBERATORE, MICHAEL J ESQ.
1401 BRICKELL AVE., STE. 300
MIAMI, FL 33131-3502

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
LIMA, HELIO
19333 COLLINS AVE., #2308
NORTH MIAMI BEACH, FL 331604566

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

VST
LIMA, MARIA F
19333 COLLINS AVE., #2308
NORTH MIAMI BEACH, FL 331604566

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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Maria F Lima

MARIA F LIMA

Date

1/8/04

Daytime Phone #

(305)

439-4597