

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90364 001 ***150.00

04-28-2005 90364 002 *****8.75

DOCUMENT # P03000033074

1. Entity Name
AQUADVENTURE, INC.



Principal Place of Business
**1374 CANARY ISLAND DR
WESTON, FL 33327**

Mailing Address
**1374 CANARY ISLAND DR
WESTON, FL 33327**

2. Principal Place of Business
4334 FOX Ridge Dr.
Suite, Apt. #, etc.

3. Mailing Address
4334 FOX Ridge Dr.
Suite, Apt. #, etc.

City & State
Weston Florida

City & State
Weston Florida

4. FEI Number
51-0452851

Applied For
☐ Not Applicable

Zip
33331

Country
U.S.A.

Zip
33331

Country
U.S.A.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OBREGON, CLAUDIA M
1374 CANARY ISLAND DR
WESTON, FL 33327**

7. Name and Address of New Registered Agent

Name
Obregon Claudia M.

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

4334 Fox Ridge Drive

City
Weston

FL

Zip Code
33331

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

Claudia M. Obregon P.

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
OBREGON, CLAUDIA M
1374 CANARY ISLAND DR
WESTON, FL 33327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Obregon, Claudia M.
4334 Fox Ridge Drive
Weston FL 33331** ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Claudia M. Obregon P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 954 088 9907

Date

Daytime Phone #