2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058887

GALCERAN, JORGE

POST OFFICE BOX 140571

CORAL GABLES, FL 33114

Name: Address:

City-St-Zip:

FILED Jan 23, 2004 Secretary of State

Entity Name: 4707 WATERWAY INVESTMENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7900 S.W. 8TH STREET 3800 BIRD RD MIAMI, FL 33144 MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 140571 CORAL GABLES, FL 33114 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALCERAN, JORGE GALCERAN, JORGE 7900 S.W. 8TH STREET P.O. BOX 140571 CORAL GABLES, FL 33114 US MIAMI, FL 33114 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. SIGNATURE: 01/23/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GUILLAMA, ISIDRO Name: Name: POST OFFICE BOX 140571 Address: Address: City-St-Zip: CORAL GABLES, FL 33114 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: GALCERAN, JORGE Name: POST OFFICE BOX 140571 Address: Address: CORAL GABLES, FL 33114 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GUILLAMA, ISIDRO Name: Name: POST OFFICE BOX 140571 Address: Address: City-St-Zip: CORAL GABLES, FL 33114 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: JORGE GALCERAN 01/23/2004