


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90003 046 ***150.00

DOCUMENT # P03000059364

1. Entity Name
AQUA MECHANICS & CONSULTING CORP



Principal Place of Business
**231 WEST LAKE DRIVE
HOME
HALLANDALE, FL 33009 US**

Mailing Address
**231 WEST LAKE DRIVE
HOME
HALLANDALE, FL 33009 US**

54055768



2. Principal Place of Business
6753 SW 27th Court
Suite, Apt. #, etc.

3. Mailing Address
6753 SW 27th Court
Suite, Apt. #, etc.

02282003 Chg-P CR2E034 (10/03)

City & State
MIRAMAR, FL 33023

City & State
MIRAMAR FLORIDA

Zip
33023

Country
Broward

City & State
MIRAMAR FLORIDA

Zip
33023

Country
Broward

4. FEI Number
75-317045

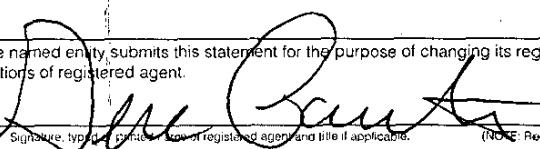
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**COCCHETTI, GENE A
231 WEST LAKE DRIVE
HOME
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent
Name
Cocchetti, Gene A
Street Address (P.O. Box Number is Not Acceptable)
6753 SW 27th Court
City
MIRAMAR FL Zip Code
33023

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.

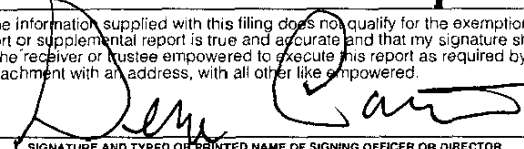
SIGNATURE  **5** **5/23-04**
DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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	P COCCHETTI, GENE A 231 WEST LAKE DR. HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cocchetti, Gene A 6753 SW 27th Court MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **5/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #