


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90171 014 \*\*\*150.00

<b>DOCUMENT # P03000062669</b>	
1. Entity Name <b>FOUNTAIN CLEAR FILTRATIONS OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business <b>1850 NW 54TH AVENUE MARGATE, FL 33063</b>	Mailing Address <b>2100 WINDEMERE LANE BOCA RATON, FL 33428</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>21001 WINDEMERE LANE</b> Suite, Apt. #, etc.
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City & State  <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33428</b>	Country

01032007 Chg-P CR2E034 (12/06)



40049607

6. Name and Address of Current Registered Agent <b>MASI, PHIL 2100 WINDEMERE LANE BOCA RATON FLORIDA, FL 33428</b>		7. Name and Address of New Registered Agent Name <b>MASI, PHIL</b> Street Address (P.O. Box Number is Not Acceptable) <b>21001 WINDEMERE LANE</b> City <b>BOCA RATON</b> FL Zip Code <b>33428</b>	
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	<b>P MASI, PHILLIP 21001 WINDEMERE LANE BOCA RATON, FL 33428</b> <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 exemptions contained in Chapter 119, 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: **PHIL MASIP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 04, 2007** Daytime Phone # **954-979-5666**