

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90003 002 ***550.00

DOCUMENT # P03000067555

1. Entity Name

AQUARIUS TWO ENTERPRISES, INC.



Principal Place of Business

1431 SOUTH PALMWAY
LAKE WORTH FL 33460

Mailing Address

1431 SOUTH PALMWAY
LAKE WORTH FL 33460

54064799

2. Principal Place of Business

2247 Palm Beach Lakes Blvd

3. Mailing Address

1202 South Palmway

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL - Lake Worth, FL

Zip

33409

Country

USA

Zip

33460

Country

USA

4. FEI Number

73-1673240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

BROWN, ELIZABETH
1431 SOUTH PALMWAY
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name Elizabeth Brown

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

1202 South Palmway

City Lake Worth

FL

Zip Code

33460

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME BROWN, ELIZABETH
STREET ADDRESS 1431 SOUTH PALMWAY
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE S
NAME DAVIS, MIRIAM
STREET ADDRESS 1125 LAKESHORE DR., APT. 102
CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete

TITLE T
NAME RODRIGUEZ, MARY
STREET ADDRESS 8273 FRESH CREEK
CITY-ST-ZIP W. PALM BCH FL 33411 ☐ 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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/04 (561) 6328520