


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90025 011 \*\*\*150.00

<b>DOCUMENT # P03000081151</b>	
1. Entity Name <b>AQUA PRODUCTIONS CORPORATION</b>	

Principal Place of Business <b>5132 N. FLORIDA AVE. TAMPA, FL 33603</b>	Mailing Address <b>5132 N. FLORIDA AVE. TAMPA, FL 33603</b>
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**94034990**

2. Principal Place of Business <b>4543 WEST KNOLLWOOD ST.</b>	3. Mailing Address <b>4534 WEST KNOLLWOOD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33614</b>	Country <b>HILLSBOROUGH</b>

03152004 Chg-P CR2E034 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GONZALEZ, ALEJANDRO 5132 N. FLORIDA AVE. TAMPA, FL 33603</b>	
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7. Name and Address of New Registered Agent Name <b>ALEJANDRO GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>4543 WEST KNOLLWOOD STREET</b> City <b>TAMPA</b> FL Zip Code <b>33614</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 <b>ALEJANDRO GONZALEZ</b>	DATE <b>03-15-2004</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ALEJANDRO 5132 N. FLORIDA AVE. TAMPA, FL 33603 <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	STD TORRES, JOSE M. R. 5132 N. FLORIDA AVE. TAMPA, FL 33603 <input checked="" 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
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

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 all other like empowered.	
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SIGNATURE <b>ALEJANDRO GONZALEZ</b>	DATE <b>3/15/04</b>
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