

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000085499**

1. Entity Name  
**ACQUATRONICA INC.**



Principal Place of Business  
**10311 N.W. 14TH STREET  
PLANTATION, FL 33322**

Mailing Address  
**10311 N.W. 14TH STREET  
PLANTATION, FL 33322**



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**45-0520875**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DI PAOLO, LESLIE A  
5201 ANGLERS AVENUE #117  
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000656043

03/14/07-80009-007 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DI PAOLO, VALERIO A
STREET ADDRESS	10311 N.W. 14TH STREET
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	V
NAME	DI PAOLO, LESLIE
STREET ADDRESS	10311 N.W. 14TH STREET
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Leslie Di Paolo Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/07*  
Date

*954-985-2646*  
Daytime Phone #