

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**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
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>45-0520875</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**DI PAOLO, LESLIE A**  
**5201 ANGLERS AVENUE #117**  
**FT. LAUDERDALE, FL 33312**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

U00000853242  
 03/26/08-80061-016 150.00

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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 A. Paolo 954-985-2646 3/06/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #