


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90100 041 \*\*\*150.00

**DOCUMENT # P03000089097**  
 1. Entity Name  
**WATERWAY REAL ESTATE INVESTMENTS, INC.**



Principal Place of Business  
**5900 BROKEN SOUND PARKWAY, NW  
 BOCA RATON, FL 33487**

Mailing Address  
**5900 BROKEN SOUND PARKWAY, NW  
 BOCA RATON, FL 33487**

**34006000**

2. Principal Place of Business  
**P.O. Box 810664**

3. Mailing Address  
**P.O. Box 3810664**

Suite, Apt. #, etc.



01212004 Chg-P CR2E034 (10/03)

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33481**

Zip  
**33481**

4. FEI Number  
**36-4538754**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERNSTEIN, STEVEN E**  
**5900 BROKEN SOUND PARKWAY, NW**  
**BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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)

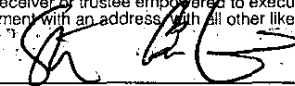
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PS BERNSTEIN, STEVEN E <input type="checkbox"/> Delete <i>P.O. Box 810664</i> 5900 BROKEN SOUND PARKWAY, NW BOCA RATON, FL <del>33487</del> 33481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BERNSTEIN, DORIS <input type="checkbox"/> Delete <i>P.O. Box 810664</i> 5900 BROKEN SOUND PARKWAY, NW BOCA RATON, FL <del>33487</del> 33481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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 an address with all other like empowered.

**SIGNATURE:**  **1/27/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #