2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000119984

1. Entity Name
AQUA MULTIMEDIA, CORP.

Principal Place of Business	Mailing Address
2951 W. 80 ST., #201	2951 W. 80 ST., #201
HIALEAH, FL 33018	HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE

05102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
41-2113770	Not Applicable

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

6. Name and Address of Current Registered Agent

PINOS, ALEX
2951 W. 80 ST., #201
HIALEAH, FL 33018

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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_____

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PINOS, ALEX
STREET ADDRESS	2951 W. 80 ST., #201
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	VTD
NAME	PINOS, JORGE L
STREET ADDRESS	2951 W. 80 ST., #201
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000366934
05/16/05-60013-011 550.00

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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: _ALEX PINOS_   5/11/05   305-231-0884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #