


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P03000145940	
1. Entity Name AQUATIC PURIFICATION SYSTEMS, INC.	
	
Principal Place of Business 6001 NW 153RD STREET SUITE 158 MIAMI LAKES, FL 33014	Mailing Address 6001 NW 153RD STREET SUITE 158 MIAMI LAKES, FL 33014



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2424611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCKINLEY, THOMAS 9356 SW 77TH AVENUE #J5 MIAMI, FL 33156	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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKINLEY, THOMAS 9356 SW 77TH AVENUE #J5 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKINLEY, ROSA M 9356 SW 77TH AVENUE #J5 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRIETO, ROBERTO F 1812 SW 102 PLACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYERS, BEULAH 1890 S. OCEAN DRIVE #1701E HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000722868
05/02/07-80049-001 150.00

**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:  4-19-07 305-823-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #