## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **Secretary of State** 07-25-2005 90107 020 \*\*\*150.00 DOCUMENT # P03000151874 1. Entity Name AQUA MASSAGE & MARBLE, CORP. 20065481 Principal Place of Business Mailing Address 7940 WEST 25TH COURT 7940 WEST 25TH COURT HIALEAH, FL 33016 HIALEAH, FL 33016 07142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3117612 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, RAUL 7940 WEST 25TH COURT DO NOT WRITE HIALEAH, FL 33016 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE PD NAME MARTINEZ, RAUL 7940 WEST 25TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

If this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if, with all other like empowered. 12. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the re-changed, or on an attachry

NAME STREET ADDRESS CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** Jul 25, 2005 8:00 am

Daytime Phone #