2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 23, 2005 8:00 am **Secretary of State** DOCUMENT # P04000010616 1. Entity Name 02-23-2005 90074 040 ***150.00 BONITA SPRINGS WATER, INC. Principal Place of Business Mailing Address 2886 FERNLEY DR UNIT EAST 90 WEST PALM BEACH FL 33415 2886 FERNLEY DR UNIT EAST 90 WEST PALM BEACH FL 33415 50018211 3. Mailing Address 2886 - Fernley (2. Principal Place of Business 2886 Fernley 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State Not Applicable Ein-02-0714945 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code FI 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 leinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PSTD ☐ Addition TITLE Delete TITLE Change BERNSTEIN, BERNARD R NAME NAME STREET ADDRESS 2886 FERNLEY DR UNIT EAST 90 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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. Bernard BernsTEIN-P SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-7IP