2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000126137



FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90278 013 ***150.00

1. Entity Name WATERFALLS EXPEDITIONS CORP							
Principal Place of Bus 1715 NE 51ST STRI POMPANO BEACH, F	EET	Mailing Address 1715 NE 51ST STREET POMPANO BEACH, FL 33	064		W 0 -		
2. Principal Place of Business 1715 NE 5137 571627 1715 NE 5157 57. Suite, Apt. #, etc. Suite, Apt. #, etc.			ST STNER				
City & State				03152005	Chg-P	CR2E034 (10/03)	
POMPANO BE	EACH, FL	POMPANO BEA	W.FL.	20-19	58187,	3 H	pplied For lot Applicable
33014	- Country	-Zp- 33064	Country	i	Status Desired	□ \$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and A	ddress of New F	Registered Agent	
DESOUZA, ULYSSES							
1715 NE 51ST STREET				Street Address (P.O. Box Number is Not Acceptable)			
POMPANO BEACH, FL 33064						-	-
The second secon			City			FL Zip Cox	le e
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 acceptable of the state of Florida.							, and accept
the obligations of registered agent.							
SIGNATURE Signature: A Company of the Confession							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND D		11,	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE PSD	DUZA, ULYSSES	☐ Oelete	TITLE NAME			Change	Addition
STREET ADDRESS 1715	NE 51ST STREET						
			STREET ADDRESS				
TITLE VTD	PANO BEACH, FL 33064		CITY-ST-71P				
NAME D'ARC	· · · · · · · · · · · · · · · · · · ·	□ Delete				☐ Change	Addition
STREET ADDRESS 1715	C SOUZA, JOANA NE 51ST STREET	□ Delete	CITY-ST-7IP			☐ Change	Addition
STREET ADDRESS 1715 CITY-ST-ZIP POME	C SOUZA, JOANA		CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-7IP				
STREET ADDRESS 1715	C SOUZA, JOANA NE 51ST STREET	□ Dekte	CITY-ST-7IP TITLE NAME STREET ADDRESS			☐ Change	Addition
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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 eath; 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS