


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90061 043 ***150.00

DOCUMENT # P04000157275

1. Entity Name
WATERHOUSE SHELL & REMODELING CONTRACTORS INC.



20012858

Principal Place of Business Mailing Address
8603 SOUTH DIXIE HIGHWAY **8603 SOUTH DIXIE HIGHWAY**
SUITE 211 **SUITE 211**
MIAMI, FL 33143 US **MIAMI, FL 33143 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
20-189 4661 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOLER, BRUCE
2611 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **CAMMARANO, VICENTE**
 STREET ADDRESS **7865 SW 57 AVENUE APT C**
 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **ZOSMAN, OFER**
 STREET ADDRESS **11012 SW 80 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SR** Delete
 NAME **DELEON, CARLOS**
 STREET ADDRESS **6111 SW 86 STREET**
 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

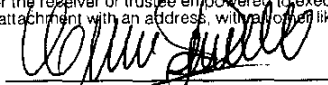
TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 a former like empowered.

SIGNATURE:  **CARLOS DE LEON, Secretary** Date: **2/18/05** Daytime Phone #: **305 663 4606**