## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000004242

1. Entity Name

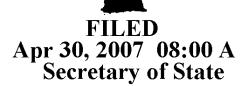
BLUEWATER MECHANICAL, INC.



Principal Place of Business

Mailing Address

1900 SW 98 AVE MIRAMAR, FL 33025 P.O. BOX 5500668 FT LAUDERDALE, FL 33355-0668





## DO NOT WRITE IN THIS SPACE

04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2133752

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of	Current Registered Agen

QUARTARARO, MICHAEL E 1900 SW 98 AVE MIRAMAR, FL 33025

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	a named entity submits this statement for the pations of registered agent	urpose of changing its registere	ed office or	egistered agent, of bo	oth, in the State of Piorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE Registered	1 Agent signatur	e required when rematating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUARTARARO, MICHAEL 1900 SW 98 AVE MIRAMAR, FL 33025				41000000001440000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, JEFF 5273 SW 106 AVE FT LAUDERDALE, FL 33355			,	900000741823 - 05/15/07-80043-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

TYPED OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR