2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 07, 2006 8:00 am Secretary of State

DOCUMENT # P05000048925 1. Entity Name WHITEWATER BAY DEVELOPMENT, INC.					09-07-2006 900	, 15 031 ***150.	00	
Principal Place of Bu 10485 SW 78 STRE MIAMI, FL 33173		Mailing Address 10485 SW 78 STREET MAMI, FL 33173					*	
	Business W 124 Street	3. Mailing Address 8900 SW	24 Str	eet				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07212006		CR2E034 (11/05)	-1-15-	
Miami, F	-L	City & State Miami, F	<u>L. </u>	4. FEI Numb	2554971	No	plied For t Applicable	
33174	USA	Zip 33174	Country			\$8.75 Add		
6. Name and Address of Current Registered Agent BLANCO, KATHRYN				Name Kathnin Blan Co				
644 SW 107 AVE. PEMBROKE PINES, FL 33025			Street	eerAddress (P.O. BoyNumber is Not Acceptable) 821 SW 4 STreet #2				
:	,		City a-			Zio Cod		
8. The above named	entity sub his this statement for	the purpose of changing its	TH	Drt Lauder r registered agent, or bo	due oth, in the State of Florida	FL 2539	312 and accept	
the obligations of registered agent Kathryn Blanco Oli Ole Signature, typed or printed rathe of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOWIII FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Fi Trust Fund Contribution				\$5.00 May Be Added to Fees	In accordance with corporation did not	s. 607.193(2)(b), receive the prior r	F.S., the notice.	
10.	OFFICERS AND D		11.	ADDITIONS	CHANGES TO OFFICE			
NAME ROBI STREET ADDRESS 1048	ITAILLE, JOHN DANIEL 5 SW 78 STREET II, FL 33173	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	John Robit 8900 SW 12 Miami, F	4 Street	Change	☐ Addition	
STREET ADDRESS 1756	ICO, BENJAMIN N. BAYSHORE DR., STE. 38 11, FL 33132	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benjamin	Blanco 24 Street	Change	Addition	
STREET ADDRESS 644 S	ICO, KATHRYN SW 107 AVE. BROKE PINES, FL 33025	☐ Delete	TITLE NAME	VP Kathain P		Change 23312-	☐ Addition	
STREET ADDRESS 7508	ICO, NICHOLAS SCARLET IBIS LANE (SONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOT I CAMO	oranc _i i	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 receive for flusted 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 actives, with all other like empowered. SIGNATURE: Comparison of the corporation of the received of the corporation of the corpora								