

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90109 040 \*\*\*150.00

DOCUMENT # P05000122313

1. Entity Name  
WATERMEN INVESTMENTS, INC.



Principal Place of Business  
8045 NW 155 STREET  
MIAMI LAKES, FL 33016

Mailing Address  
8045 NW 155 STREET  
MIAMI LAKES, FL 33016

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3578370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EDDY  
8045 NW 155 STREET  
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name

Garcia, Eddy

Street Address (P.O. Box Number is Not Acceptable)

265 Sevilla Ave

City

Coral Gables

FL

Zip Code

33134

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 reinstating)

DATE

4/7/08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME GARCIA, EDDY  
STREET ADDRESS 8045 NW 155 STREET  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE V ☐ Delete  
NAME KRAIZGRUN, DAVID  
STREET ADDRESS 8045 NW 155 STREET  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Garcia, Eddy  
STREET ADDRESS 265 Sevilla Ave  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE V ☒ Change ☐ Addition  
NAME Kraizgrun, David  
STREET ADDRESS 265 Sevilla Ave  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4/7/08 (305) 448-9442