

2006 Amended

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # **005000138663**

1. Entity Name

**WaterWorld Investment Properties, Inc.**



**FILED**

**06 AUG -2 AM 11:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8215 SW 152 Ave**

3. Mailing Address

Suite, Apt. #, etc.

**G402**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

Zip

**33193**

Country

**USA**

Zip

Country

4. FEI Number

**20-3583260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E034B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**RICARDO A. Aleman**

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

**8215 SW 152 AVE #G402**

City

**MIAMI**

**FL**

Zip Code

**33193**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Ricardo A. Aleman 8215 SW 152 AVE #G402 MIAMI, FL 33193</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800078466968 08/08/06--01030--004 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Steven L. Aleman 8215 SW 152 AVE #G402 MIAMI, FL 33193</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/06 786-312-8429**  
Date Daytime Phone #