

2006 Amended

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000138663
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 <u>8215 SW 152 Ave</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>G402</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State	
Zip <u>33193</u>	Country <u>USA</u>	Zip	Country

CR2E034B (8/05)

4. FEI Number <u>20-3583260</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent		
Name <u>RICARDO A. Aleman</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>8215 SW 152 AVE # G402</u>		
City <u>MIAMI</u>	FL	Zip Code <u>33193</u>

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] (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	<u>President Ricardo A. Aleman 8215 SW 152 AVE #G402 MIAMI, FL 33193</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>800078466968 08/08/06--01030--004 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer Steven L. Aleman 8215 SW 152 AVE #G402 MIAMI, FL 33193</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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)(f), 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 #