

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016114

Entity Name: AQUA 3905 CORP.

FILED  
Jun 07, 2007  
Secretary of State

## Current Principal Place of Business:

1500 SAN REMO AVE STE 248  
CORAL GABLES, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

1500 SAN REMO AVE STE 248  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 20-5070984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARED AND ASSOC. PA.  
1500 SAN REMO AVE STE 248  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EL-MANN, MOISES  
Address: 1500 SAN REMO AVE STE 248  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: EL-MANN, FASJA CHARLY  
Address: 1500 SAN REMO AVENUE STE 248  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Change (X) Addition  
Name: COHEN, FASJA SARA  
Address: 1500 SAN REMO AVE STE 248  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. EL-MANN

D

06/07/2007

Electronic Signature of Signing Officer or Director

Date