2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000077180

1. Entity Name AGUA, INC.



Principal Place of Business

1965-1969 N.E. 2ND STREET DEERFIELD BEACH, FL 33432 Mailing Address

DO NOT WRITE IN THIS SPACE

899 W CAMINO REAL BOCA RATON, FL 33486

86 US

FILED Apr 14, 2008 08:00 Al Secretary of State



02082008

No Chg-P

CR2E034 (11/05)

FEI Number
 20-5021927

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, WILMA L 899 W CAMINO REAL BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

					,	
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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			110000000000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRADE, WILMA L 899 W CAMINO REAL BOCA RATON, FL 33486			U00000894720 04/24/08-80040-009 150,00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 bustee 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 empoyered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilma ANdrade

118/08 (561) 239-8 Date Daytime Phone #