

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100170

FILED
Jan 08, 2009
Secretary of State

Entity Name: ACQUASOL PROPERTY INVESTMENTS CORP

Current Principal Place of Business:

5900 NW 99 AVE
UNIT 3
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

5900 NW 99 AVE
UNIT 3
MIAMI, FL 33178

New Mailing Address:

FEI Number: 26-3804213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVY, SARITA
5900 NW 99 AVE
UNIT 3
MIAMI, FL 33178 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVY, SARITA
Address: 5900 NW 99 AVE, UNIT 3
City-St-Zip: MIAMI, FL 33178

Title: VPD () Delete
Name: NESSIM, YOEL
Address: 5900 NW 99 AVE, UNIT 3
City-St-Zip: MIAMI, FL 33178

Title: VPD () Delete
Name: NESSIM, KAREN
Address: 5900 NW 99 AVE, UNIT 3
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: EISENSTEIN, BELLA
Address: 5900 NW 99 AVE, UNIT 3
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: ZIDER, KAREN
Address: 7626 BYRON AVENUE #402
City-St-Zip: MIAMI BEACH, FL 33141

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

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: KAREN ZIDER

VPD

01/08/2009

Electronic Signature of Signing Officer or Director

Date