

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021889

**FILED**  
**Aug 06, 2010**  
**Secretary of State**

**Entity Name:** H2ONLY DISINFECTION SERVICES, CORP.

**Current Principal Place of Business:**

8600 NW 64 STREET  
#7  
DORAL, FL 33166

**New Principal Place of Business:**

6020 NW 99 AVE  
#214  
DORAL, FL 33178

**Current Mailing Address:**

8600 NW 64 STREET  
#7  
DORAL, FL 33166

**New Mailing Address:**

6020 NW 99 AVE  
#214  
DORAL, FL 33178

**FEI Number:** 27-0160650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVES, RUBEN D  
8600 NW 64 STREET  
#7  
DORAL, FL 33166 US

**Name and Address of New Registered Agent:**

RIVES, RUBEN D  
6020 NW 99 AVENUE  
#214  
DORAL, FL 33178 US

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

08/06/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVES, RUBEN D  
Address: 6020 NW 99 AVENUE #214  
City-St-Zip: DORAL, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: RUBEN D RIVES

P

08/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date