2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000063638

HEALTHY WATER SYSTEM, INCORPORATED



Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90196 023 ***150.00

Principal Place	e of Busines	S	Mailing Address								
334 LAKEVIE	W DR B-53		334 LAKEVIEW	DR 8-53							
102			102								
WESTON, FL 33326 US			WESTON, FL 33326 US								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262004	04262004 Chg-P CR2E034 (10/03)				
City & State			City & State			4. FEI Number 65-0436	921			plied For t Applicable	
.Zip Country		Zip Country		ntry		te of Status Desired See Regui			itional		
_	6. Name	and Address of Curren	t Registered Agent	<u>-</u> -	Ţ.	7. Name and A	ddress of New R				
					Name					,	
ZULUAGA, ALVARO 334 L'AKEVIEW DR B-53 #102 WESTON, FL 33326			Street Address		s (P.O. Box Number is Not Acceptable)						
WESTON,	LF 3335	0	•								
					City				Zip Code		
					City			FL	Zip Cou	,	
	named entit ions of regis	y submits this statement tered agent.	or the purpose of char	nging its register	ed office or regis	stered agent, or both	, in the State of Flo	orida. I am fami	iliar with,	and accept	
SIGNATURE_	Signature, typed	or printed name of registered ager	nt and title if applicable.	(NOTE: Register	ed Agent signature requ	ired when reinstating)		DATE			
											
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee w ill be \$550		Campaign Fina nd Contribution.		55.00 May Be added to Fees					
10.	······································	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DI	RECTORS	S IN 11	
TITLE	P Delete									☐ Addition	
NAME	ZULUAGA, ALVARO			NAM				_			
STREET ADDRESS	RESS 334 LAKE VIEW DR B53 #102			STR	EET ADDRESS						
CITY-ST-ZIP	WESTON	, FL 33326		cm	Y-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP						
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TITLE			☐ Del	ete TIT	LE] Change	Addition	
NAME				NA	VIE						
STREET ADDRESS				STF	REET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						
12. I hereby of indicated of the correctanged,	certify that the lon this reporation or to or on an att	ne information supplied wort or supplemental report the receiver or trusted entachment with amanduses	th this filing does not q is true and accurate a powered to execute the with all other like emp	ualify for the ex and that my signal is report as reques sowered.	emption stated in ature shall have t rired by Chapter	Section 119.07(3)(i) he same legal effect 607, Florida Statutes	, Florida Statutes. as if made under ; and that my nam	I further certify oath; that I am a e appears in Bl	that the ir an officer lock 10 o	nformation or director Block 11 if	