2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P95000019147 04-30-2007 90396 045 ***158.75 1. Entity Name AQUA ROJAS, CORP. Principal Place of Business Mailing Address 1997 SW 17 CT RD 1997 S.W. 17 CT MIAMI, FL 33145 MIAMI, FL 33145 US Mailing Address NW 20th Street 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For emboke 65-0559570 Not Applicable Zip Country \$8.75 Additional Praisur 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMPANIONI, MIRIAM C **13150 SW 17TH TERRACE** MIAMI, FL 33175 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 the obligations of registered agent. I am familiar ith, and accept SIGNAT Signature, typed or print of repulsived agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Vice Precident TITLE **Delete** TITLE Change ☐ Addition Companioni Miriam C 2401 54 4 Ave NAME COMPANIONI, MIRIAM C NAME STREET ADDRESS 2401 S.W. 4 AVE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33129 CITY-ST-7IP Mi Carrie FL President Delete Change TITLE TITLE **Addition** ROYAS, GILDA NAME Teresa Mi NAME 1676 SW 20TH STREET SUITE B STREET ADDRESS STREET ADDRESS bseo NW so MIAMÍ, FL 33145 CITY-ST-ZIP CITY-ST-ZIP Pembro Ku TITLE **Delete** TITLE ☐ Addition Russell, Kou ROY, RUSSELL NAME NAME 8250 sw 182 nd street 16791 VILLAGE LAKE DRIVE STREET ADORESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Miami TITLE **☑** Delete TOTLE Change ☐ Addition Koxas, Anthony. ROJAS, ANTHONY J NAME NAME 2401 SW 4 AVE STREET ADDRESS STREET ADDRESS 6580 NW 20 3028 MIAMI, FL 33129 CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Addition TITLE ☐ Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustee 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 empowered.

FILED