


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000040476 1. Entity Name WATERFORD CENTRE, INC.	
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Principal Place of Business 6205 BLUE LAGOON DR. STE 120 MIAMI, FL 33126 US	Mailing Address 2600 DOUGLAS RD SUITE 204 CORAL GABLES, FL 33134 US
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01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0582694	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOUMIET, JUAN GREENBERG TRUARIG 1221 BRICKELL AVENUE MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROSALES, X. FRANCISCO 2600 DOUGLAS ROAD, PH-5 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEVITT, STEVEN T. 2600 DOUGLAS ROAD, PH-5 MIAMI, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  **X. FRANCISCO ROSALES** **2/09/04** **(305) 461-2142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #