

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT# P95000093651 1. Entity Name AQUAPUREWATERCO., INC.	
---	---

Principal Place of Business 100 HOLIDAY DRIVE HALLANDALE BEACH, FL 33009	Mailing Address 100 HOLIDAY DRIVE HALLANDALE BEACH, FL 33009
---	---

DO NOT WRITE IN THIS SPACE



01132005 NoChg-P CR2E034(10/03)

4. FEI Number 65-0636855	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent RONES, VICTOR K. 16105 N.E. 18TH AVENUE NORTH MIAMI BEACH, FL 33162	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 obligation of registered agent.	
SIGNATURE ☒ Signature, type or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required where not instating)	DATE ☒

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GALASKY, VALERIE 100 HOLIDAY DRIVE HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000208158
02/01/05-80076-001 150.00

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 information.	
SIGNATURE: <i>Valerie Galasky</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>2/1/05</i> Daytime Phone #