2004 FOR PROFIT CORPORATION

FILED Jul 06, 2004 8:00 am Secretary of State

ANNUAL REPURI				_ Secreta	Secretary of State	
1. Entity Nam	MENT: # P96000063	906			¥ 90120 016 ***550.00	
Principal Place	e of Business	Mailing Address		ļ		
4141 S. TAMIAMI TRAIL 4141 S. TAMIAMI TRAIL			1.7.7.1	147320		
#22-23 #22-23		#22-23		331	747340	
SARASOTA, FL 34231 SARASOTA, FL 34231				BENG DOMI DOMI SIKAT KWO KUWA DOMI SIWA SIWASI KATAN		
Principal Place of Business 3. Mailing Address						
		2829 E0G	EMOCO LAN	E		
Suite, Apt.		Suite, Apt. #, etc.		07012004 Chg-P	CR2E034 (10/03)	
Sity & State	450/A + L	City & State SARASOTA		4. FEI Number 65-0694030	Applied For Not Applicable	
Zip	Country	34231	Country <	5. Certificate of Status Des	sired S8.75 Additional	
<u>3423</u>			<u> VOA</u>	_ <u>L</u>	Fee Required	
	6. Name and Address of Current F	legistered Agent	No	7. Name and Address of	New Registered Agent	
Nam						
AMERILAWYER CHARTERED 343 ALMERIA AVENUE			Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES, FL 33134						
0010120	0220, 12 0010 1		<u> </u>			
	a 1		City		FL Zip Code	
8. The above named entity submits this statement for a purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligati	ons of registered agent.	The second secon	, or the order	storou agorit, or oddin in the citat	o or riords. Farriaring with, and accept	
SIGNATURE	Signature, typed or parked name of registered agent.	d title if applicable. (NOTE: Re	gistered A ₁ ant signature requ		7.01.09	
		<u>- </u>				
FILE NOWIII FEE IS \$550.00 9. Election Campaign Fit Trust Fund Contribution				55.00 May (Sa) added to Fees		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS CHANGES T	O OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	Delete	TITLE	ADDITION TO STANGES T	Change Addition	
NAME	GARCEAU, MARIE J		NAME	\	Cliquide C Monitori	
STREET ADDRESS	677 N WASHINGTON BL-/-> #56-	AVANAS ESIT	STREET ADDRESS	\		
CITY-ST-ZIP	SARASOTA, FL 3423F	SARASOTA 34238	CITY-ST-ZIP	\		
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CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			
	certify that the biogramation supplied with	this filing does not qualify for th	e exemption stated in	Section 119.07(3)(i), Florida Sta	stutes. I further or ky that the information	

indicated on this report is supplemental report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I is an officer or director of the corporation or this receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears. If block 10 or Block 11 if the information changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| SIGNATURE AND TYPED'OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date |

Attach rent Sic. # 156000063906 44047320

To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if <u>different</u> from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P96000063906

Mail Report to:

AQUA REALTY CORP. 2829 EDGEWOOD LN SARASOTA FL 34231-6506



CR2E095 4/04