

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90009 014 ***150.00

DOCUMENT # P97000015345 1. Entity Name AQUAVATIONS SALES & MARKETING INC.					
Principal Place of Business 300 GRANELLO AVE. CORAL GABLES, FL 33146			Mailing Address 300 GRANELLO AVE. CORAL GABLES, FL 33146		
2. Principal Place of Business 7751 SW 62nd Ave		3. Mailing Address 7751 SW 62nd Ave		 03092004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. #100		Suite, Apt. #, etc. #100			
City & State South Miami FL		City & State South Miami FL			
Zip Country 33143 USA		Zip Country 33143 USA			
4. FEI Number 65-0728490				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7751 SW 62nd Ave #100 City State Zip Code South Miami FL 33143	
6. Name and Address of Current Registered Agent GAUTIER, TAMI 300 GRANELLO AVE. CORAL GABLES, FL 33146					
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
DATE: 3/10/04					
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		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE D <input type="checkbox"/> Delete NAME GAUTIER, TAMI STREET ADDRESS 300 GRANELLO AVE. CITY-ST-ZIP CORAL GABLES, FL 33146		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5960 SW 78th ST STREET ADDRESS South Miami, FL 33143 CITY-ST-ZIP		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gautier, Dan STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME GOUTIER, DAN STREET ADDRESS 5960 SW 78TH ST CITY-ST-ZIP MIAMI, FL 33143		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 3/10/04		DAYTIME PHONE: 305-668-4547	