


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000073119 1. Entity Name AQUA-GULF CUSTOMS, INC.	
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Principal Place of Business 1301 WEST NEWPORT CTR. DR. DEERFIELD BEACH, FL 33442-7734	Mailing Address 1301 WEST NEWPORT CTR. DR. SUITE 104 DEERFIELD BEACH, FL 33442-7734
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DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0776620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWNE, ROBERT J. 1301 WEST NEWPORT CTR. DR. DEERFIELD BEACH, FL 33442-1134

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000478930 04/08/06-80027-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, ROBERT J 1301 WEST NEWPORT CTR. DR. DEERFIELD BEACH, FL 334427734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAEMER, FREDERICK 1301 WEST NEWPORT CENTER DR DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: FREDERICK L. KRAEMER **03/20/06** **954-360-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone