

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000023946		
1. Entity Name WATERS POINT CORPORATION		
Principal Place of Business 3201 3203 WATERS AVENUE TAMPA, FL 33614		Mailing Address 3201 W WATERS AVE STE 13 TAMPA, FL 33614
DO NOT WRITE IN THIS SPACE		
		03162006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3501379		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SANTAYANA, RICARDO 3221 W. WATERS AVE. SUITE B TAMPA, FL 33614		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 obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SANTAYANA, RICARDO	
STREET ADDRESS	3201 3203 WATERS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	
NAME	SANTAYANA, PATRICIA	
STREET ADDRESS	3201 3203 WATERS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	
NAME	QUIMBAYO, JOSE	
STREET ADDRESS	3201 3203 WATERS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	
NAME	QUIMBAYO, CLARA	
STREET ADDRESS	3201 3203 WATERS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		813-932-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #