2004 FOR PROFIT CORPORATION

## FILED Apr 20, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # P98000024216** 1. Entity Name 04-20-2004 90020 029 \*\*\*150 00 WATERFORD IN VERO, INC. Principal Place of Business Mailing Address PO BOX 811135 BOCA RATON FL 33481 3299 NW 2ND AVE. **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) Faod City & State 4. FE! Number Applied For & State 65-0896099 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>) au</u> : RUSTINE, DAVID A (P.O. Box Number is Not Acceptable 3299 NW 2 AVE 200 **BOCA RATON FL 33431** 8. The above named entity submi e 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 age SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** Addition TITLE ☐ Delete TITLE RUSTINE, DAVID A David A NAME NAME STREET ADDRESS 3299 NW 2 AVE 200 STREET ADDRESS N. Federal Hum **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

NG OFFICER OR DIRECTOR

SIGNATURE: \$\sqrt{2}\$.