


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000056837 1. Entity Name SOUTH FLORIDA WATER TREATMENT, CORP.	
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Principal Place of Business 11890 SW TAMiami TRAIL PH NO. 3 MIAMI, FL 33184	Mailing Address 11890 SW TAMiami TRAIL PH NO. 3 MIAMI, FL 33184
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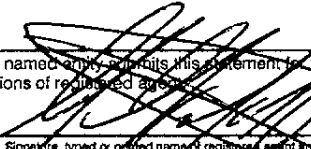
04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEL Number 65-0845357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GASTANETA, GEORGE T 11890 SW TAMiami TRAIL PH-3 NO 3 MIAMI, FL 33184	DO NOT WRITE IN THIS SPACE
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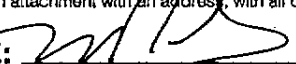
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **GEORGE GASTANETA** **4/22/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		UN0000328887 04/25/05-80095-013 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PALOU, MANUEL 11890 SW TAMiami TRAIL MIAMI, FL 33184	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GASTANETA, GEORGE T 11890 SW TAMiami TRAIL MIAMI, FL 33184	
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TITLE 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:  **MANUEL PALOU** **04/22/2005 (803) 266-8296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #