2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P99000040466

Entity Name: UNITED WATER CONSERVATION, INC.

Current Principal Place of Business:

18263 NW 68TH AVE
MIAMI, FL 33015

New Principal Place of Business:

3211 PONCE DE LEON 301
CORAL GABLES, FL 33134

Current Mailing Address:

18263 NW 68TH AVE
MIAMI, FL 33015

New Mailing Address:

3211 PONCE DE LEON
CORAL GABLES, FL 33134

FEI Number: 65-0916125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKER, REX
%J. MILTON & ASSOCIATES
3211 PONCE DE LEON BLVD, SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MILTON, CECIL	
Address:	3211 PONCE DE LEON BLVD, SUITE 301	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	MILTON, MAURICE	
Address:	3211 PONCE DE LEON BLVD, SUITE 301	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	MILTON, FRANK	
Address:	3211 PONCE DE LEON BLVD, SUITE 301	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	DP	( ) Delete
Name:	LUCAS, VICTOR	
Address:	18263 NW 68TH AVE	
City-St-Zip:	MIAMI, FL 33015	
Title:	T	( ) Delete
Name:	CESTIA, TOM	
Address:	3211 PONCE DE LEON BLVD. SUITE 301	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	S	( ) Delete
Name:	BARKER, REX M	
Address:	3211 PONCE DE LEON BLVD. SUITE 301	
City-St-Zip:	CORAL GABLES., FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL MILTON D 04/27/2004

Electronic Signature of Signing Officer or Director — Date