## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT							
DOCUMENT # P99000105939  1. Entity Name PURE WATER TECHNOLOGIES, INC.					,		
PORE WATER TECHNOLOGIES, INC.					FILED		
Principal Place	e of Business+	Mailing Address		04	AUG -6 PM	<b>2</b> : 20	
FLAMINGO PA 12054 MIRAI MIRAMAR, FL	ARK OF COMMERCE MAR PKWY 33025	12054 MIRAMAR PKWY MIRAMAR, FL 33025	MAR, FL 33025		RETARY OF ST MIASSEF FET	ATE MARIE	
			457			. <b> </b>	
Suite, Apt. #, etc.				080220	04 Chg-P	CR2E034 (10/03)	
City & State		City & State	-ر	4. FEI N 65-0	umber 0966784	<u> </u>	plied For t Applicable
Zip 3301	Country	_Zip	Country	5. Certifi	cate of Status Desire	d S8.75 Add	
	6.≈Name and Address of Current R		<u> </u>	7. Name	and Address of Ne	w Registered Agent	
ZAYAS, EDWARD  12054 MIRAMAR PKWY  MIRAMAR, FL 33025  Name  CAYAS  Street Address (P.O. Box Number is Not Acceptable)							
3130				30 W	845T	# 7	
	·		City (~	MA LEA	. 14	FL Zip Code	810
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 & ZOY							
Signature, typed or printed name objegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND E		11. TITLE	ADDITION OF THE PROPERTY OF TH	DNS/CHANGES TO (	OFFICERS AND DIRECTORS	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZAYAS, EDWARD 6380 HAWKES BLUFF AVENUE DAVIE, FL <sup>1</sup> 33331	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	D (ANA 3(30 W	4 CCL A P 84 ST + 814, F C	キフ	<u>M.,</u> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS KILCI, MURAT 18488 NW 23 PLACE PEMBROKE PINES, FL 33029	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	709	AXAS 0	<b>▶</b> Change	Addition
TITLE "		☐ Delete	TITLE	and a street contract of the second		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	:		NAME STREET ADORESS CITY-ST-ZIP	087	<b>:[][_][_]</b> 16/040108	224328 0008 **61.25	
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS	:		STREET ADDRESS				
CITY-ST-ZIP	1		CITY-ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	
TITLE		□ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME CTREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my	signature shall h	ave the same legal	effect as if made und	der 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Solz O'4 40

Daytime Phone #