

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90054 026 \*\*\*158.75

**DOCUMENT # S12158**

1. Entity Name

**WATER ENGINEERING CONCEPTS CORP.**



Principal Place of Business

**522 NE 195 STREET  
NORTH MIAMI BEACH FL 33179  
US**

Mailing Address

**522 NE 195 STREET  
NORTH MIAMI BEACH FL 33179  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0296303**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DESLAURIERS, ROBERT N  
522 NE 195 STREET  
N MIAMI BCH FL 33179**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 (applicable).

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**P  
DESLAURIERS, ROBERT N  
522 NE 195 ST  
N MIAMI BEACH FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition

**VICE-PRESIDENT  
SAME**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**DVP  
VAILLANCOURT, DANIELLE  
522 NE 195 ST  
N MIAMI BEACH FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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**PRESIDENT  
SAME**

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V-P. 4/4/07 (305) 655-0011**  
Date Daytime Phone #