

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # S62996 1. Entity Name WATER-BEST SERVICES, INC.	
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Principal Place of Business 7311 N.W. 12TH ST SUITE 25 MIAMI, FL 33126 US	Mailing Address P.O. BOX 520621 MIAMI, FL 33152 US
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0276309	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTAS, HIPOLITO A.
8561 S.W. 27TH STREET
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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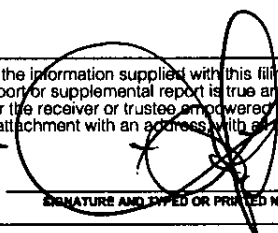
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTAS, HIPOLITO A. 8561 SW 27TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTAS, ALEJANDRO PROF. ESTEBAN SUAZO NO. 11 SANTO DOMINGO, DC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTAS, DOUGLAS E 3116 NW 1ST STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/28/07-80065-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.

SIGNATURE:  **HIPOLITO A. MONTAS** **02-10-07** **(305) 468-8018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #