

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90866 002 *****8.75

03-11-2005 90866 001 ***150.00

DOCUMENT # V25822

1. Entity Name
HYDROPURE WATER TREATMENT CO.



Principal Place of Business
**6444 NW 55 MANOR
CORAL SPRINGS, FL 33067-2716 US**

Mailing Address
**6444 NW 55 MANOR
CORAL SPRINGS, FL 33067-2716 US**



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0323601

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SORDI, VITTORIO
6444 NW 55TH MANOR
CORAL SPRINGS, FL 33067**

**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

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SORDI, VITTORIO
6444 NW 55TH MANOR
CORAL SPRINGS, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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: *X Vittorio Sordi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VITTORIO
SORDI**

X 3/3/05

Date

Daytime Phone #

X 954.971.7593