

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000004468

**Entity Name:** AGUA AZUL, CORP.

**Current Principal Place of Business:**

777 FOXHOUND DRIVE  
PORT ORANGE, FL 32128

**Current Mailing Address:**

777 FOXHOUND DRIVE  
PORT ORANGE, FL 32128 US

**FEI Number:** 45-4270871

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JANSSEN, CALEB  
777 FOXHOUND DRIVE  
PORT ORANGE, FL 32128 US

*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

**Officer/Director Detail :**

Title D  
Name JANSSEN, CALEB  
Address 777 FOXHOUND DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title P  
Name JANSSEN, CALEB  
Address 777 FOXHOUND DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title S  
Name JANSSEN, CALEB  
Address 777 FOXHOUND DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title T  
Name JANSSEN, CALEB  
Address 777 FOXHOUND DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR  
Name JANSSEN, ELIDA  
Address 777 FOXHOUND DRIVE  
City-State-Zip: PORT ORANGE FL 32128

*I hereby 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 all other like empowered.*

**SIGNATURE:** CALEB JANSSEN

**PRESIDENT**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date