


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000026072 1. Entity Name WATERWAYS SLIP, INC.	
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Principal Place of Business 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 33137	Mailing Address 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0630141	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRIEGER, STANLEY J 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 33137	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRAMAN, NORMAN 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KRIEGER, STANLEY J 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERNSTEIN, ROBERT E 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 33137
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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 04/12/04-80035-008 158.75

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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:  4/8/04 Date 305/576-1889 Jaylene Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR