2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

1. Entity Nan	ne	# 725204 H NAUTILUS AS	SOCIAT	TION, INC.				04-20-2005	5 90357 027 **	***61.25
Principal Place of Business 19255 N.E. 2ND AVENUE MIAMI, FL 33179 US MIAMI BEACH, FL 33141 US					ış		1888		9041074 	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03182005	Chg-NP	CR2E037 (10	/03)	
City & State			City & State			4. FEI Number 59-1477			Applied For Not Applicable	
Zip	Country		Zip		Col	ıntry	5. Certificate of	of Status Desired		5 Additional equired
	6. :Namo a	and Address of Current	Rogictoro	d Agent=	استحبت	N	7: Name and	Address of New I	Registered Agent	
THE WAL 220-71 ST	L MANAGEI REET	•	Name Street Ar			ss (P.O. Box Number is Not Acceptable)				
SUITE 207 MIAMI BEACH, FL 33141						<u> </u>				
		· , \$.				City			FL Zi	p Code
		submits this statement for	or the purp	ose of changing its	s register	ed office or reg	gistered agent, or both	n, in the State of FI		r with, and accept
the obliga	tions of register	red agent.		,						
SIGNATURE		r printed name of registered agent	t and title if app	licable. (NOT	E: Registere	nd Agent signature re	quired when reinstating)		DATE	
I										
	_	is \$61.25 by 1, 2005		9. Election Ca Trust Fund			\$5.00 May Be Added to Fees		fake check paya rida Department	
10.	Due by Ma		IRECTORS	Trust Fund	Contribut	ion.	Added to Fees ADDITIONS/CHA	Fio	rida Department	ORS IN 10
TITLE NAME STREET ADDRESS	PD CRUZ, DOI 19255 N.E.	OFFICERS AND DI ORES 2ND AVE #2219	IRECTORS		11. TITU NAM	E FEET ADDRESS / S	Added to Fees ADDITIONS/CHA RUZ, DOLO 1255 N. E.	NGES TO OFFICE	rida Department	ORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, DOL	OFFICERS AND DI ORES 2ND AVE #2219	IRECTORS	Trust Fund	11. TITLE NAM STRE	E FET ADDRESS / ST-ZIP / A	Added to Fees ADDITIONS/CHA RUZ, DOLG 1255 N.E. ALAMI, FL	NGES TO OFFICE DRES 2 Med Ave 33179	ers and director	ORS IN 10 Trange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD CRUZ, DOI 19255 N.E. MIAMI, FL VSD GERDES,	OFFICERS AND DI OFFICERS AND DI LORES 2ND AVE #2219 33179	IRECTORS	Trust Fund	11. ITTL NAM STRI CITY IITL	E FET ADDRESS / ST-ZIP / A	Added to Fees ADDITIONS/CHA RUZ, DOLG 1255 N.E. ALAMI, FL	NGES TO OFFICE DRES 2 Med Ave 33179	ers and director	ORS IN 10 Trange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CRUZ, DOI 19255 N.E. MIAMI, FL VSD GERDES, 19255 NE 2	OFFICERS AND DI ORES 2ND AVE #2219 33179 JEAN W	IRECTORS	Trust Fund	11. ITILL NAM STRI CITY IIIL NAM STRI	E FE C SET ADDRESS / ST-ZIP / NE SET ADDRESS / SET ADDRESS	Added to Fees ADDITIONS/CHA RUZ, DOLG 1255 N.E. MANN, FL GERDES, JE 9255 NE	NGES TO OFFICE ORES 2 Med Ave 33179 CAN W. 2 Med Ave	ers and director	ORS IN 10 Trange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD CRUZ, DOI 19255 N.E. MIAMI, FL VSD GERDES,	OFFICERS AND DI ORES 2ND AVE #2219 33179 JEAN W	IRECTORS	Trust Fund	11. ITILL NAM STRI CITY IIIL NAM STRI	E FET ADDRESS / S PET ADDRESS	Added to Fees ADDITIONS/CHA RUZ, DOLG 1255 N.E. MICAMI, FL GERDES, JE ALCAMI, FL	NGES TO OFFICE DRES 2 4 Ave 33179 CAN W. 2 4 Ave 37179	# ZZIO	OPES IN 10 nange Addition hange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	PD CRUZ, DOL 19255 N.E. MIAMI, FL VSD GERDES, 19255 NE 2 MIAMI, FL TD WHITELEY	OFFICERS AND DI LORES 2ND AVE #2219 33179 JEAN W 2ND AVE #2210 33179 7, EDWARD	IRECTORS	Trust Fund	11. ITILL NAM STRI CITY ITILL NAM STRI CITY TITLL NAM STRI CITY	E F F F F F F F F F F F F F F F F F F F	Added to Fees ADDITIONS/CHA RUZ. DOLG 7255 N.E. 1(awi, FL 9255 NE 1(awi, FL	PROPRIES DRES ZHER AVE 33179 CAN W. 2 HER AVE 37179 W-EOWA	# Z210	OPES IN 10 nange Addition hange Addition
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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 617, 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 Dolores Inue SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR 4/14/80.5

Daytone Provide

ATTACHMENT

11-

Title - D

NAME - SMITH, CAROL

STREET ADDRESS - 19255 NE 2nd Ave # 2225

CITY-ST-ZIP - M/ami, FL 33179

725204 # Addition