

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90016 027 ***150.00

DOCUMENT # G16099

1. Entity Name

DOLPHIN FISHERIES, INC.



Principal Place of Business

1790 NW 54TH ST
MIAMI FL 33142
US

Mailing Address

3400 CORAL WAY, STE 600
MIAMI FL 33145-3053

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2301687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, RICARDO
3400 CORAL WAY, STE 600
MIAMI FL 33145-3053

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMOS, RICARDO	
STREET ADDRESS	3400 CORAL WAY, STE 600	
CITY-ST-ZIP	MIAMI FL 33145-3053	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RAMOS, ILEANA	
STREET ADDRESS	3400 CORAL WAY, STE 600	
CITY-ST-ZIP	MIAMI FL 33145-3053	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMOS, RICARDO JR.	
STREET ADDRESS	3400 CORAL WAY, STE 600	
CITY-ST-ZIP	MIAMI FL 33145-3053	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMOS, RUBEN	
STREET ADDRESS	3400 CORAL WAY, STE 600	
CITY-ST-ZIP	MIAMI FL 33145-3053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Res 4/15/04 (205) 446 20 55