2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4/20

FILED
Jun 03, 2005 8:00 am
Secretary of State
05-04-2005 90135 023 ***150.00

DOCUMENT # P04000135750

1. Entity Name

INTERNATIONAL BLUE FISH, INC.

Principal Place of Business — Mailing Address

16017 SW 146 Court
MIAMI, FL.33177

2. Principal Place of Business	3. Mailing Address
16017 SW 146 Ct.	
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: ~~Miami, Florida~~	City & State
Zip: ~~33177~~ Country: ~~USA~~	Zip — Country

01312005 Chg-P CR2E034 (10/03)

4. FEI Number: 30-028-7078 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Nelson I. Diaz
10541 SW.107 St.
Miami, Fl. 33176

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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] 04- 25- 2005
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T Clara Cardona 16017 SW 146 Ct. Miami, Fl. 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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] 04- 25- 2005 (786) 277-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #