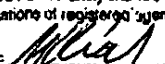
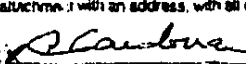


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 16017 SW 146 Court MIAMI, FL 33177		Main Address	
2. Principal Place of Business 16017 SW 146 Ct. S.W. Apt. #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State Miami, Florida Zip: 33177		City & State City: Country: Zip: USA	
4. FEI Number K 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 obligation of registered agent.			
SIGNATURE: 		04-25-2005 DATE	
FILE MOVING FEE: \$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 11	
TITLE P/S/T ☐ Delete	NAME Clara Cardona	TITLE ☐ Change ☐ Addition	
STREET ADDRESS 16017 SW 146 Ct.		STREET ADDRESS	
CITY- ST- ZIP Miami, FL 33177 ☐ Delete		CITY- ST- ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: 		04-25-2005 (786) 277-0961	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	