2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 359322 02-22-2005 90031 014 ***150.00 1. Entity Name CAPT, HARRY'S FISHING SUPPLY CO., INC. Mailing Address Principal Place of Business 100 NE 11TH ST 100 NE 11TH ST 50017737 MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) Cha-P City & State 4. FEI Number Applied For City & State 59-1299590 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARL LIEDERMAN 375 RIDGEWOOD RD Street Address (P.O. Box Number is Not Acceptable) KEY BISCAYNE, FL 33149 City 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. Signstrure, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Detete MILE TITLE ■ Addition ☐ Change NAME LIEDERMAN, CARL NAME 375 RIDGEWOOD ROAD STREET ADDRESS STREET ADORESS KEY BISCAYNE, FL 33149 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition VERNON, HARCOURT D NAME NAME STREET ADDRESS 350 RIDGEWOOD ROAD STREET ADDRESS KEY BISCAYNE, FL 33149 CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME LIEDERMAN, LUANNE NAME 375 RIDGEWOOD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP ☐ Delete DTLF TITLE Change Addition NAME NAME VERNON, KIM STREET ADDRESS STREET ADDRESS 350 RIDGEWOOD ROAD CITY-ST-ZP CITY-ST-ZIP KEY-BISCAYNE, FL-33149 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete DDF ☐ Change Addition NAME STREET ADDRESS 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 others/file empowered. SIGNATURE:

FILED

Feb 22, 2005 8:00 am