

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90074 012 ***150.00

DOCUMENT # 622752	
1. Entity Name FANTASTIC MARINE COMPANY, INC.	

Principal Place of Business 2853 EXECUTIVE PERK DR SUITE 202 WESTON, FL 33331	Mailing Address PO BOX 266366 WESTON, FL 33326
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 266366 Suite, Apt. #, etc.
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City & State WESTON, FL	City & State WESTON, FL
Zip 33326	Country U.S.A.



02092005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1924439	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, BLANCA 3495 S.W. 9TH AVENUE FT. LAUDERDALE, FL 33315	
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7. Name and Address of New Registered Agent	
Name BLANCA J. GARCIA	
Street Address (P.O. Box Number is Not Acceptable) 2853 Executive Park Drive	
Suite 202	
City WESTON	Zip Code FL 33326

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FINOL, ANDRES 3495 S.W. 9TH AVENUE FORT LAUDERDALE, FL 33315 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Finol Andres 2853 Executive Park Dr. Suite 202 Weston, FL 33331 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS GARCIA, BLANCA 3495 SW 9TH AVENUE FORT LAUDERDALE, FL 33315 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS Garcia Blanca 2853 Executive Park Dr. Suite 202 Weston, FL 33331 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: Blanca J. Garcia **BLANCA J. GARCIA** 2/28/05 954-217-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #