FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

653186

DEEP SEA PRODUCTS INC

DOCUMENT#

1. Entity Name

FILED May 16, 2002 8:00 am Secretary of State

05-16-2002 90004 016 ***150.00

7			000200			
DO NOT WRITE	IN THIS S	PAC	E			
2. Principal Place of Business 8925 SW 67th Avenue					-	
Suite, Apt. #, etc. c/o Daglio Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Miami FL	City & State			4. FEI Number 59–2080888		Applied For Not Applicable
Zip 33156 Country	Zip Country		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
المناسبين الدارية المحاسد الدارات المارات	الما والمشارد المتوانية ال			7. Name and Address of Current Regist	ered /	Agent
DO NOT W	DITE		Name Dav	id M Dobin Esq		
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)			
			4555 Adams Avenue			
			City Mia	mi Beach	FL	^{Zip,Code} 33140
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent a			ed office or registere		JE.	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of \$			is \$550.00 is \$61.25	10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS					

11. P/S/T/D TITLE TITLE Roberto E Daglio Sr NAME NAME STREET ADDRESS 8925 SW 67th Avenue STREET ADDRESS CITY-ST-ZIP Miami FL 33156 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with an other like empowered.

CITY-ST-ZIP

Roberto E Daglio Sr Pres 4/19/02 305-667-6296

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)