2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 08:00 AN Secretary of State

1. Entity Name	TROPICAL FISH HATCHE			Sec	cretary o	i State	
Principal Place 33 OSPREY LN GARDNER, NY	.	Mailing Address 33 OSPREY LN. GARDNER, NY 12525			,		
D	O NOT WRITE 6. Name and Address of Current R	CE	05042005 4. FEI Number 14-174		CR2E034 (10/03)	pplied For ot Applicable ditional	
RUBIN, PET 11135 PON LAKELAND	TER DEROSA LANE	DO NOT WRITE IN THIS SPACE					
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 acceptable of the obligations of registered agent. UDDDB365062 Signature, yound or printed name of registered agent and title if applicable in the obligations of registered agent. NOTE: Registered Agent signature required when refuscing in the obligations of the obligations of registered agent.							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be dded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P RUBIN, PETER 33 OSPREY LANE GARDINER, NY 12525	INCUORS		DO IN	NOT W		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS							,
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; that I am an officer or director of the corporation or the receiver of furties 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 a address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNNIQ OFFICER OR DIRECTOR							
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR DIREC	TOF	-, -		Daytime Phone	