

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90008 015 \*\*\*150.00

<b>DOCUMENT # F95445</b> 1. Entity Name <b>MIAMI AQUA-CULTURE, INC.</b>					
Principal Place of Business <b>4606 SW 74 AVE</b> <b>MIAMI, FL 33155</b>			Mailing Address <b>4606 SW 74 AVE</b> <b>MIAMI, FL 33155</b>		
2. Principal Place of Business <b>805 N. Federal Hwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>805 N. Federal Hwy</b> Suite, Apt. #, etc.			
City & State <b>Bognton Beach, FL</b> Zip <b>33435</b> Country <b>USA</b>		City & State <b>Bognton Beach, FL</b> Zip <b>33435</b> Country <b>USA</b>		4. FEI Number <b>59-2217984</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JAVITS, DAVID B</b> <b>2020 N.E. 163RD ST.</b> <b>N.MIAMI BCH., FL 33162</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SPOTTS, DAN <b>805 N. Federal Hwy</b> <b>MIAMI, FL 00000, 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SPOTTS, DAN <b>805 N. Federal Hwy</b> <b>Bognton Beach FL 33435</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPOTTS, JANICE <b>4606 SW 74 AVE</b> <b>MIAMI, FL 00000, 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPOTTS, JANICE <b>805 N. Federal Hwy</b> <b>Bognton Beach FL 33435</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Daniel Spotts, president</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/29/06 561-364-5999</b> <small>Date Daytime Phone #</small>		