2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL I	REPORT (AR	<u> </u>		FI.	LED	
DOCUMENT # H36924 1. Entity Name				Apr 21, 2005 08:00 A Secretary of State			
SAILFISH	I CAPITOL PROPERTIES, I	NC.	1			51 J 51 2 55555	
Principal Plac	e of Business	Mailing Address					
4629 S.E. DIXIE HWY. STUART FL 34997		4629 S.E. DIXIE HWY, STUART FL 34997					
2. Principal F	Place of Business_	3. Mailing Address	···				
Suite, Apt. #, etc.		Suite, Apt #, etc.					
					E034 (10/04)		
City & State		City & State		4. FEI Number 59-2491164	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Regist	<u></u>	
SOL	IMINE, PETER E.						
4629 SE DIXIE HIGHWAY STUART FL 34997				Sireet Address (eet Address (P.O. Box Number is Not Acceptable)		
			<u></u>				
6 Tl -l		VIII. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		City		FL Zip Code	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered (ottice or register	red agent, or both, in the State of Florida	i am tamiliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	and and other departments (AICI)	TE Booklored for	ent signature required	Whan reinclature	DATE	
	ILE NOW!!! FEE IS \$150.00		TE Hagistroop Ag	B. A O'STIERCH FOODING			
After	May 1, 2005 Fee Will Be \$550. k Payable to Florida Department	of State			9. Election Campaign F Trust Fund Contribut		
10,	<u> </u>	ID DIRECTORS	11.		L ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11	
TITLE	PD SOLIMINE, PETER E.	☐ Delete	TITLE NAME			☐ Change ☐ Addilion	
STREET ADDRESS	4290 S.E. WHITICAR WAY		SIBEFLA	}			
CITY-ST-ZIP	STUART FL		City-St-	ZIP		Change D Addition	
TITLE NAME		☐ Delete	FITLE NAME	[<u> </u>	Change Addition	
STREET ADDRESS CITY - ST - ZIP			STREET A	l l	04/21/05-8004	5-024 150.00	
TITLE		Delète	THE			☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET A	ODRESS			
CITY-ST-ZIP			CITY-SI-	ZIP			
TITLE NAME		☐ Delete	TITLE NAME	1		Change Addition	
STREET ADDRESS			STREETA	i			
CITY-ST-ZIP		T Polish	CITY-ST- TITLE	Z1P		Change Addition	
TITLE NAME		☐ Delete	NAME	ĺ			
STREET ADDRESS CITY - ST - ZIP			STREET A	- 1			
Inft		☐ Delete	TITLE	411		☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET A	,			
	cortifu that the information number of	ith this filing door not qualify fo			ection 119 07/3/(i) Florida Statutes furth	or certify that the information	

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 STONATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-18-05 772-286-740' Daytme Phone #