

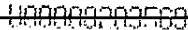
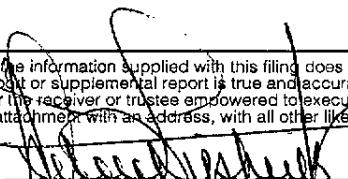


**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L25236</b>			
1. Entity Name <b>AQUATHIN INTERNATIONAL EXPORT CORPORATION</b>		<b>Jan 29, 2005 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business <b>950 SOUTH ANDREWS AVENUE POMPANO BEACH, FL 33069</b>		Mailing Address <b>950 SOUTH ANDREWS AVENUE POMPANO BEACH, FL 33069</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01212005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-2005033</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			
<b>LIPSHULTZ, ALFIE J 950 S ANDREWS AVE POMPANO BCH, FL 33069</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 <b>01/29/05-80035-018 150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPSCHULTZ, ALFIE 950 S ANDREWS AVE POMPANO BEACH, FL	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPSCHULTZ, MITCHELL 950 S ANDREWS AVE POMPANO BEACH, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPSCHULTZ, DEBORAH 950 S ANDREWS AVE POMPANO BEACH, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  / <b>Deborah Lipshultz</b>		Date <b>1/21/05</b> Daytime Phone # <b>954-781-7777</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			