## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # M59666

1. Entity Name DIVER'S PARADISE OF KEY BISCAYNE, INC.

Principal Place of Business

1451 S.W. 102ND COURT MIAMI, FL 33174

Mailing Address

1451 S.W. 102ND COURT MIAMI, FL 33174

**FILED** 

Feb 04, 2004 08:00 AM Secretary of State

## DO NOT WRITE IN THIS SPACE

01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0008803

Applied For Not Applicable

5. Certificate of Status Desired\_\_

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTAYA, OMAR 1451 S.W. 102ND COURT MIAMI, FL 33174

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat                       | named entity submits this statement for the pions of registered agent. | urpose of changing its registere                     | ed office or r                | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |   |
|--|--|--|-------------------------------|--------------------------------|--|---|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if      | applicable (NOTE, Registered                         | i Agent signature             | required whon reinstating)     | DATE   |   |
| FIL<br>After Ma                                | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00            | Election Campaign Finan     Trust Fund Contribution. | cing                          | \$5.00 May Be<br>Added to Fees | U00000037194<br>02/06/04-80082-013 150.00                    | - |
| 10.  | OFFICERS AND DIRECTORS   |  |                               |                                |  | • |
| title<br>Name<br>Street Address<br>City-St-Zip | D<br>CARTAYA, OMAR<br>1451 S.W. 102ND COURT<br>MIAMI, FL 33174         |  |                               |                                |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |                               |                                |  |   |
| TITLE. NAME STREET ADDRESS CITY-ST-ZIP         |  |  | DO NOT WRITE<br>IN THIS SPACE |                                |  |   |
| TITLE<br>MAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |                               |                                |  |   |
| TITLE<br>NAME<br>STREET ADDRESS                |  |  |                               |                                | ·  |   |

12. I hereby certify that the information supplied with this filling dark 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 regulared 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR