
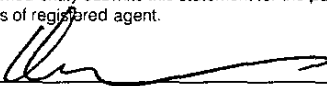
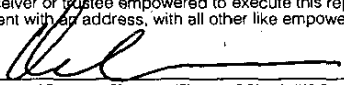


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90041 044 \*\*\*\*70.00

<b>DOCUMENT # N03000002775</b> 1. Entity Name <b>DOLPHINS AQUATICS INC.</b>					
Principal Place of Business <b>2040 NE 209 STREET NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>19380 COLLINS AVE TAPT 803 SUNNY ISLES, FL 33160</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>2040 NE 209TH</b> Suite, Apt. #, etc.		
City & State			City & State <b>NORTH MIAMI BEACH, FL</b>		
Zip <b>33179</b>		Country <b>DADE</b>		4. FEI Number <b>90-0064096</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 600 EAST JEFFERSON STREET TALLAHASSEE, FL 32304-0000</b>			7. Name and Address of New Registered Agent Name <b>DEREK MCHAMARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>20120 NE 3RD COURT, #6</b> City <b>NORTH MIAMI BEACH, FL</b> Zip Code <b>33179</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  DATE <b>2/1/2004</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER DEREK MCHAMARA 20120 NE 3RD COURT, #6 NORTH MIAMI BEACH, FL 33179</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SYLVAIN VAN EMBODEN 2040 NE 209 ST. NORTH MIAMI BEACH FL-33179</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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 617, 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: 				Date <b>2/1/2004</b> Daytime Phone # <b>786-258-3029</b>	

94014307



01262004 Chg-NP CR2E037 (10/03)