2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005154

DAVIS, DANNY

City-St-Zip: HALLANDALE, FL 33009

721 SOUTHWEST 4TH STREET

Name:

Address:

FILED Jul 19, 2005 Secretary of State

Entity Na	me: A WISH TO FISH, INC.			
Current Principal Place of Business:		New Principal Place of	of Business:	
	T HAWTHORNE CIRCLE DOD, FL 330214720			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	T HAWTHORNE CIRCLE DOD, FL 330214720			
	: 20-2209173 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable () not receive the prior notice.	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address of	f New Registered Agent:	
1401 EAS #300	PERRY W ES T BROWARD BOULEVARD ERDALE, FL 333012116 US			
The above in the State	named entity submits this statement for the e of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete TRUEMPER, LINDA 1421 EAST HAWTHORNE CIRCLE HOLLYWOOD, FL 330214720	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete SWAIN, CHARLIE 3991 LAUREL OAK WAY FT. LAUDERDALE, FL 333126265	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete DAVIS, DAVID L 3211 NORTHWEST 78TH AVENUE FT. LAUDERDALE, FL 333126265	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA TRUEMPER PD 07/19/2005