


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90358 035 \*\*\*\*70.00

<b>DOCUMENT # N15899</b> 1. Entity Name <b>THE BILLFISH FOUNDATION, INC.</b>					
Principal Place of Business <b>2161 EAST COMMERCIAL BLVD 2 FLOOR FT LAUDERDALE, FL 33308</b>			Mailing Address <b>PO BOX 8787 FT LAUDERDALE, FL 33310 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2694327</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 01062004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PEEL, ELLEN 2161 EAST COMMERCIAL BLVD 2 FLOOR FORT LAUDERDALE, FL 33308</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT OFFIELD, AARSON H 150 METROPOLE AVE. AVALON, CA 90704</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT Andrews, Richard J 8314 Ponderosa Dr Parker, CO 80134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCT ANDREWS, RICHARD J 8314 PONDEROSA DR. PARKER, CO 80134</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCT Vicento, Ralph 44-2 marginal St. Urb Los Angeles Carolina, PR 00979</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PEEL, ELLEN 2161 E. COMMERCIAL BLVD 2ND FL. FT LAUDERDALE, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ABPLANALP, JOHN 700 NAPPERHAN AVE. YONKERS, NY 10703</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Brownlee, John P.O. Box 622 Is la morada, FL 33036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Hunt, Brandon 228 Via Mentone Newport Beach, CA 92663</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE: <u>Ellen M. Peel</u> Ellen M. Peel, President 4/15/04 (954) 938-0150 x108</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					