2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 10, 2006 08:00 AM DOCUMENT # N93000002660 Secretary of State t. Entity Name SEA RESCUE GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 450964 P.O. BOX 450964 MIAMI FL 33245 MIAMI FL 33245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/05) City & State Applied Far City & State 4. FEI Number 65-0433282 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 1645 NW S RIVER DR MIAMI FL 33125 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered affice 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 signaline required when reinstating) DATE Signature typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. THEE Change ∏ Addition TOUE Delete RODRIGUEZ, JOSE A NAME MARAE 1645 NW SOUTH RIVER DR STREET ADDRESS STREET ADDRESS U00000501037 CITY-ST-7IP MIAMI FL CITY-ST-2IP -020_61_25 Change Addition 🔲 Delete TITLE THILE GARCIA, LUIS M NAME NAME STREET ADDRESS 6682 S.W. 135TH CT. STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-SECRE ☐ Change ☐ Addition SD Delete TITLE TITLE GARCIA, LUIS M NAME MALSE 6682 SW 135TH CT STREET ADDRESS STREET ADDRESS CITY - ST- 709 MIAMI FL 33183 CHY-ST-ZIP TITLE ☐ Detete TITEE Change ☐ Addition NAME GARCIA, LUIS M MAME 6682 SW 135TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 City - St - ZiF TITLE ☐ Defele TITLE Change ☐ Adultion MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CXY+ST-ZIP

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it changed, or on an attach and transfer any address, with all other like empowered

GNATURE: X SosEA - TONIGUEZ 4/07/06 (305)649-44-88

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 reference in the new repowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11.