2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000014693 **DOCUMENT #**

Country -- -

6. Name and Address of Current Registered Agent

1. Entity Name

FLORIDA FISHERMAN.COM. INC.



Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90171 024 ***150.00

FILED

Principal Place of Business 704 SW 17TH AVE., SUITE 1

Suite, Apt. #, etc.

City & State

Zip

MIAMI FL 33135

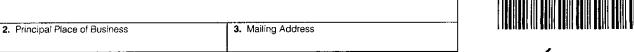
Mailing Address

704 SW 17TH AVE., SUITE 1

MIAMI FL 33135

Suite, Apt. #, etc.

City & State





CHECK HERE IF MAKING CHANGES

65-0986387

ORTEGO, ANTHONY E 13140 SW 102ND AVE. ... MIAMI FL 33176

7. Name and Address of New Registered Agent

4. FEI Number

5. Certificate of Status Desired

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.

Country

SIGNATURE 4

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE CTEGO, MICHAEL A LORIGO? MICHAEL A NAME NAME 13140 SW 102 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP 1AM1, FL 33176 CITY-ST-ZIP Change ORTEGO, ANTHONY E ☐ Addition TITLE **VP** □ Delete TITLE NAME NAME ORTEGO, ANTHONY E 704 SW 17 AVE, STE.4 STREET ADDRESS STREET ADDRESS 13140 SW 102 AVE MIAMI-FL-33135 CITY-ST-ZIP CITY-ST-ZIP_ MIAMI-FL: 33176-☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIRE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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:

CR2E034 (10/02