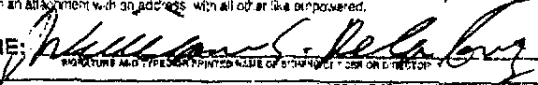


FILED
Apr 18, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000020195 1. Entity Name DOLPHIN NURSERY, INC.		
Principal Place of Business 14755 SW 264TH ST HOMESTEAD, FL 33032		Mailing Address 14755 SW 264TH ST HOMESTEAD, FL 33032
DO NOT WRITE IN THIS SPACE		
		04112005 No Chg-F CR25034 (10/02)
4. FE Number 85-0984658		Applicant For [Not Applicable]
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DE LA CRUZ, WILLIAM E 14755 SW 264TH ST HOMESTEAD, FL 33032		DO NOT WRITE IN THIS SPACE
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, in accordance with and accept the obligations of registered agent.		
SIGNATURE _____ SIGNATURE, NAME OF PRINCIPAL, NAME OF REGISTERED AGENT AND MAIL ADDRESS (NOTE: Registered Agent's Signature Required When Filing by Mail)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Section Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	DE LA CRUZ, WILLIAM E	
STREET ADDRESS	14755 SW 264TH ST	
CITY-STATE-ZIP	HOMESTEAD, FL 33032	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 190.03(1)(c), Florida Statutes. I do hereby certify that the information indicated on this report or supplementary 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 registered or trusted empowered to execute this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an affidavit with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPE PRINTED NAME OF SIGNATURE SET FOR ON DIRECTOR		