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	Mailing Address
14755 SW 264TH ST HOMESTEAD, FL 33032	14755 SW 264TH ST HOMESTEAD, FL 33032

DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0984698

Applied 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing RA)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LA CRUZ, WILLIAM E
STREET ADDRESS	14755 SW 264TH ST
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
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11. 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: William E. De La Cruz
SIGNATURE AND TYPE OR PRINTED NAME OF STAKEHOLDER, OFFICER OR DIRECTOR — Date — Daytime Phone #