## = 2004 FOR PROFIT CORPORATION

## FILED May 12, 2004 8:00 am Secretary of State

ANNOWE REPORT				Secretary or State			
1. Entity Nam	MENT # P00000024 Gos divers inc		. 05-12-2004 90207 037 ***150.00				
Principal Place of Business 13605 NW 5 COURT NORTH MIAMI, FL 33168		Mailing Address P O BOX 312 HALLANDALE, FL 33008					
2. Principal P	lace of Business	_3. Mailing Address		~			_
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004	Chg-P	CR2E034 (10/03)	•
City & State		City & State		1	4. FEI Number Applied For 65-0759372 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current F			7. Name and A	Address of New Re	gistered Agent	
ESPINOZA, FERNANDO 13605 NW 5 CT N MIAMI, FL 33168  Name  Street Address (P.O. Box Number is Not Acceptable)  M RAMAR FL 33023							
ta iaii\(\text{in}\)	M121M	AR ∓63302	City ·			FL Zip Cod	e
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							
	E NOW!!! FEE IS \$150:00 ay 1, 2004 Fee will be \$550.0		n Financing	5.00 May Be—			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS (	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESPINOZA, FERNANDO 13605 NW 5 COURT NORTH MIAMI, FL 33168	☐ Gelete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	ADDITIONS/C	TIANGES TO GET	· Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CIFY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ليمان ۾ نواييد ۽ ليم در انون ۾ ران	☐ Delate	_TITLE ~  NAME STREET ADDRESS CITY-ST-ZIP .	- ,	_	Change -	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	Addition

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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Octtachment 241/14864

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 23, 2004

GALAPAGOS DIVERS INC. P O BOX 312 HALLANDALE, FL 33008

SUBJECT: GALAPAGOS DIVERS INC. Ref. Number: P00000024350

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 004A00027006