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Apr 16, 2007 8:00 am
Secretary of State
03-28-2007 90002 050 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

DOCUMENT # P00000024350

1. Entity Name
GALAPAGOS DIVERS INC.

Principal Place of Business
13605 NW 5 COURT
NORTH MIAMI, FL 33168

Mailing Address
P O BOX 312
HALLANDALE, FL 33008

03222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
6306 SW 23 St.
Suite, Apt. #, etc.
City & State: MIRAMAR FL
Zip: 33023 Country:

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0759372
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ESPINOZA, FERNANDO
6306 SW 23 ST.
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] PRESIDENT

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ESPINOZA, FERNANDO 13605 NW 5 COURT NORTH MIAMI, FL 33168 ☐ Delete	ESPINOZA FERNANDO 6306 SW 23 St. MIRAMAR FL 33023 ☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]