2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000042771

1. Entity Name

DEEP REEF CORPORATION

FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

301 SW 158 TER

#201 PEMBROKE PINES, FL 33027 Mailing Address

301 SW 158 TER

#201

DO NOT WRITE IN THIS SPACE

PEMBROKE PINES, FL 33027



0412200

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1002457 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMADOR, MARK R 301 S.W. 158TH TERRACE, #201 PEMBROKE PINES, FL 33027

DO NOT WRITE

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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			. 04/25/07-80038-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P AMADOR, ROLANDO 301 S.W. 158TH TERRACE, #201 PEMBROKE PINES, FL 33027	TORS	,		1.56		. ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMADOR, MARK 301 S.W. 158TH TERRACE, #201 PEMBROKE PINES, FL 33027			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAIGLE, TANYA 2260 FIRST STREET UNIT 212 FORT MYERS, FL 33908			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZiP				IN .	THIS SF	PACE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•			, ·

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

lant R. Conf. - MARK R. AMADOR

4/12/07

954-483-992

Daytime Phone #