

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90142 010 \*\*\*150.00

**DOCUMENT # P01000014006**

1. Entity Name  
**DOLPHIN COMMUNICATIONS & SHIPPING  
STATION, INC.**



Principal Place of Business  
11401 N.W. 12TH STREET  
#424  
MIAMI, FL

Mailing Address  
11401 N.W. 12TH STREET  
#424  
MIAMI, FL

2. Principal Place of Business  
5193 N.W. 74 Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
5193 N.W. 74 Ave.  
Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

Zip  
33166-5500

Country  
U.S.A.

Zip  
33166-5500

Country  
U.S.A.



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
ZAPATA, WALTER  
11401 N.W. 12TH STREET  
#424  
MIAMI, FL

7. Name and Address of New Registered Agent  
Name: Zapata, Walter  
Street Address (P.O. Box Number is Not Acceptable):  
5193 N.W. 74 Ave.  
City: Miami FL Zip Code: 33166

B. 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]* DATE: 04/26/03

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	ZAPATA, WALTER	11401 NW 12TH STREET #424	MIAMI, FL 33172	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Zapata, Walter	5193 NW 74 Ave.	Miami FL 33166-5500	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 file 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 an other like empowered.

SIGNATURE: *[Signature]* DATE: 4/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)