

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90183 029 ***150.00

DOCUMENT # P01000037137									
1. Entity Name TWO FISH, INC.									
Principal Place of Business 2514 HOLLYWOOD BLVD. SUITE 508 HOLLYWOOD, FL 33020			Mailing Address 2514 HOLLYWOOD BLVD. SUITE 508 HOLLYWOOD, FL 33020						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	01202005 Chg-P CR2E034 (10/03)					
4. FEI Number 52-2308862				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable		
Applied For									
Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
SCHWARTZ, MICHAEL 2514 HOLLYWOOD BLVD. SUITE 508 HOLLYWOOD, FL 33020			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
Name									
Street Address (P.O. Box Number is Not Acceptable)									
City									
<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D PRICONE, TOM 2514 HOLLYWOOD BLVD., SUITE 508 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete							
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 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: <u>Tom Pricone</u> 2-23-05 954328-7120						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #						