FILED Jun 01, 2004 8:00 am Secretary of State 06-01-2004 90001 004 ***150.00

2004 FOR PROFIT CORPORATION

| ANNUAL KEPUKI | | | | | 00 01 200 | 1,00001 001 | 150.00 | |
|--|--|---|--|---|---|---|---|--|
| DOCUMENT # P01000069564 | | | | Į | | | | |
| 1. Entity Nam | ne | | | ١١ | | | | |
| DISCOVE | ERY SWIM SCHOOL, INC. | | | | | | | |
| Principal Plac | e of Business | Mailing Address | | - | | | . | |
| 11500 WILE | S RD. | PO BOX 8333 | | | | 540558 | 97 | |
| CORAL SPRII | NGS, FL 33076 | CORAL SPRINGS, FL 330 | 075 | } | | | | |
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| 3490 | lace of Business | | | | | | | |
| | | | ak Ur. N. | | iib) waa abiil Aalii aaa | (B.411.5 E(31.6 (51.6) WILLE SITE | P. C. C. 14 C. D. | |
| Suite, Apt. | #, eic. | Suite, Apt. #, etc. | | 05142004 | Chg-P | CR2E034 (10/03) | | |
| City & Stat | ie C | City & State | | 4. FEI Number | |]A | pplied For | |
| | ate, 1-1-33063 | | FLorida | NOT APP | LICABLE | | ot Applicable | |
| 3306 | Country | 33063 | USA | 5. Certificate of | Status Desired | S8.75 Ad | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| | - 11110 | Name | | | | | | |
| MARTINE | Z, JULIO ERSIDE DR. | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| # A-102 | | | | | | | | |
| CORAL SPRINGS, FL 33065 | | | | | | | | |
| | <i>t</i> | | City | | | FL Zip Coo | te | |
| 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, typed or printed dame of registered agent a | nd tile if applicable. (NOTE: | Registered Agent signature requir | ed when reinstating) | | 1/21/04 | <u> </u> | |
| | | | | | | | | |
| | LE NOW!!! FEE IS \$150.00 ue by September 8, 2004 | 9. Election Campaig Trust Fund Contrib | | 5.00 May Be Ided to Fees | In accordance v corporation did | vith s. 607.193(2)(b), not receive the prior | F.S., the notice. | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | ADDITIONS/C | HANGES TO OFF | ICERS AND DIRECTOR | IS IN 11 | |
| TITLE | OD | ☐ Delete | TITLE OU | t 1 | dia | Change | ☐ Addition | |
| NAME CYPET ADDRESS | MARTINEZ, JULIO | | NAME CONTRACT TO THE STREET ADDRESS 124 | artinez, J | alk Oro h | 1.4513 | ĺ | |
| STREET ADORESS CITY-ST-ZIP | 2771 RIVERSIDE DR A-102 CORAL SPRINGS, FL 33065 | | CITY-ST-ZIP | raale Fo | 3300 | ₂ ~3 | 1 | |
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| STREET ADDRESS CIFY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | 1 | |
| | certify that the information supplied with | this filing does not qualify for t | | Section 119.07(3)(i) | Florida Statutes. | I further certify that the | information | |
| 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. | | | | | | | | |
| SIGNAT | TIRE: | llly | | | 5/31 | 104 | - | |
| COUNT | V. IL. | THE OF STATES OF STATES | | | | | | |