

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 08:00 A
Secretary of State

DOCUMENT # P01000092137

1. Entity Name
CUSTOM AQUARIUM SERVICES, INC.



Principal Place of Business
158 ROYAL PINE CIRCLE WEST
ROYAL PALM BEACH, FL 33411

Mailing Address
158 ROYAL PINE CIRCLE WEST
ROYAL PALM BEACH, FL 33411



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1140111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BONACETO, LOUIS G
158 ROYAL PINES CIRCLE WEST
ROYAL PALM BEACH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

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

Louis Bonaceto LOUIS BONACETO

4/20/06

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
PSTD
BONACETO, LOUIS
158 ROYAL PINES CIRCLE WEST
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000564595
05/20/06-80078-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Louis Bonaceto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 954-579-6162
Date Daytime Phone #