## FILED Jan 30, 2006 8:00 am Secretary of State

ANNUAL REPORT	•
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DOCUMENT # P01000102382  I Finity harm EXOTIC AQUATIC, INC.  Principal Place of Business 275 E. DAKLAND PARK RJ. 33334  US  170 NE 34TH COURT OMEN ADDRESS  180 Age. 18 oc.  Sulfa Age.		AIIIIVAL	IXEI OIXI			SCCI	Clai y	OI DI	aic		
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27. E. CARLAND PARK, FL. 33334 US  OXILAND PARK, FL. 33334 US  Sullo, Apt. M. etc.  Sullo, Apt. M. etc.  Sullo, Apt. M. etc.  Sullo, Apt. M. etc.  City & Statio  Country  Zip  Country	Principal Plac	e of Business	Mailing Address			0.0	COMOGA				
Suite, Apil, if, etc.	275 E. OAKL	AND PARK BLVD	1170 NE 34TH COURT								
Suite, Apt. 4, not.    City & State	2. Principal P	Place of Business	3. Mailing Address 275 E Oakland Park Blv								
Country   Zep 33334   Country   S. S. Certificate of Status Desired   St. Additional Park   S. Restricted   Status Desired   St. Additional Park   S. Restricted   St. Additional Park   S. S. Restricted   St. Additional Park   S. S. Restricted   St. Additional Park   S.	Suite, Apt. #, etc.		Suite, Apt. #, etc.				P CR2E	E034 (11/05)			
RUDOLE & HOFFMAN, P.A. 615 NORTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33304  **The above nemed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered spent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered spent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered spent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered spent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered spent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered spent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered spent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered agent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered agent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered agent, or both, in the State of Florids. I am Iteratian with, and accept the obligations or registered agent, or both, in the State of Florids. I am Iteratian with, and accept the obligations of the obl	City & State		Dakland Park, FL					<u> </u>	<del> </del>		
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RUDOLF & HOFFMAN, P.A.  Stropt Addrops (P.G. Dox Number, Mick Agreeted)  For Lauderdale PL  City FL   Zip 3933 o.S.  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 or registered signer, or positive productions or registered signer on the obligations or registered signer on the obligations or registered signer on 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 or registered signer, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent agent on both, in the State of Florida. I am familiar with, and accept the obligations or registered agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligati		6. Name and Address of Current	Registered Agent			7. Name and Address of	of New Registered	J Agent			
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## FILE NOW!!! FEE IS, \$150.00 After May 1, 2006 Fee, will be \$550.00  ## PRES	SIGNATURE / 1/26/06										
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11.   Added to Fees    11.   Added to MAR, Robert    11.   Added to Fees    11.   Added to Fees    11.   Added to Fees    11.   Added to Fees    11.   Added to Fee		Signature, typed or printed parrie or registered agent a	sid title if applicable. [NOIE.	negistered Agent signati	ne ledriled a	witer i emstating)	DATE				
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of the corporation of 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	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my wered to execute this report a	/ signature shall h:	ave the sa	ame legal effect as if made	e under oath; that I	I am an officer	or director		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/66 (954)540-4925

Date Dayime Phone #