

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90632 011 ***158.75

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1. Entity Name
FLYING FISH ENTERPRISES INC.

Principal Place of Business
**3801 SW 47TH AVENUE
SUITE 503
FORT LAUDERDALE FL 33314**

Mailing Address
**3801 SW 47TH AVENUE
SUITE 503
FORT LAUDERDALE FL 33314**



2. Principal Place of Business
7349 SW 9 COURT

3. Mailing Address
6919 W Broward Blvd.

Suite, Apt. #, etc.
Plantation FL

Suite, Apt. #, etc.
**#294
Plantation FL**

CHECK HERE IF MAKING CHANGES

City & State
Plantation FL

Country
USA

City & State
Plantation FL

Country
USA

4. FEI Number
27-0003257

Applied For
 Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZISSER, BARRY
ONE INDEPENDENT DRIVE
SUITE 3306
JACKSONVILLE FL 32206**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	ZISSER, MELINDA	3801 SW 47TH AVENUE, SUITE 503	FORT LAUDERDALE FL 33317	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		6919 W. Broward Blvd. #294	Plantation FL 33317	<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"/>

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10 April 2003** (305) 793 4089

CR2E084 (10/02)