200 FOR PROFIT CORPORATION AMENOED ANNUAL REPORT

DOCUMENT # P02000034759 FILED **FANTASTIC FISH COMPANY** 08 DEC 31 PM 2: 12 SECRETARY OF STATE Principal Place of Business Mailing Address 9240 SUNSET DRIVE SUITE 216 I ALLAHASSEE, FLORIDA 9240 SUNSET DRIVE SUITE 216 MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SW 117 AVE 7750 SW 1/7 AVE 7750 Suite, Apt. #, etc. 12262008 Chg-P CR2E034 (12/06) 201 SUITE Applied For 4. FEI Number 75-3033869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS WHITE, THOMAS F.X. 9240 SUNSET DRIVE SUITE 216 MIAMI, FL 33173 SUITE MIAMI 8. The above named entity submits the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of regis 10 10 105 Signature, typed or printed game of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE WHITE, THOMAS F.X. NAME NAME AVE SUITE 201 STREET ADDRESS 9240 SUNSET DRIVE SUITE 216 STREET ADDRESS MIAMI, FL 33173 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE AVERHOFF-WHITE, SILVIA M NAME NAME STREET ADDRESS 9240 SUNSET DRIVE SUITE 216 STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP MIAMI, FL 33173 TITLE TITLE Delete QQ0139415T36 NAME NAME 01/05/09--01015--012 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. changed, or on an attachment with an SIGNATURE: