FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91517 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10090003

DOCUMENT # P02000071132

1. Entity Name
ULTIMATE AQUARIUMS INC.

Principal Place of Business	Mailing Address
16611 NW 72 AVE MIAMI, FL 33014	16611 NW 72 AVE MIAMI, FL 33014

2. Principal Place of Business	3. Mailing Address
7951 NW 179th St.	7951 N.W. 179th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Florida	City & State: Hialeah Florida
Zip: 33015 Country: Dade	Zip: 33015 Country: Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 76-0701433 — Applied For / Not Applicable

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
DIAZ, FELIX A 16611 NW 72 AVE MIAMI, FL 33014	Name: Felix A. Diaz Street Address (P.O. Box Number is Not Acceptable): 7951 N.W. 179th Street City: Miami FL Zip Code: 33814

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] DATE: 2/5/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIAZ, FELIX A	NAME	
STREET ADDRESS	16611 NW 72 AVE	STREET ADDRESS	7951 N.W. 179th Street
CITY-ST-ZIP	MIAMI, FL 33014	CITY-ST-ZIP	Hialeah, Fl. 33015
TITLE	VS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIAZ, EMERLIN	NAME	
STREET ADDRESS	16611 NW 72 AVE	STREET ADDRESS	7951 N.W. 179th Street
CITY-ST-ZIP	MIAMI, FL 33014	CITY-ST-ZIP	Hialeah, Fl. 33015
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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] 2/5/03 (305) 826.4959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)