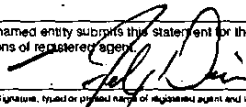
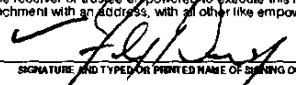


FILED
Apr 28, 2003 8:00 am
Secretary of State

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 16611 NW 72 AVE MIAMI, FL 33014		Mailing Address 16611 NW 72 AVE MIAMI, FL 33014
2. Principal Place of Business 7951 NW 179th St. Suite, Apt. #, etc.		3. Mailing Address 7951 N.W. 179th St. Suite, Apt. #, etc.
City & State Hialeah Florida		City & State Hialeah Florida
Zip 33015		Country Dade
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 DIAZ, FELIX A 16611 NW 72 AVE MIAMI, FL 33014		7. Name and Address of New Registered Agent Name Felix A. Diaz Street Address (P.O. Box Number's Not Acceptable) 7951 N.W. 179th Street City Miami FL 33014
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  DATE 4/5/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature Required when submitting)		
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 NAME DIAZ, FELIX A STREET ADDRESS 16611 NW 72 AVE CITY-ST-ZIP MIAMI, FL 33014 ☐ Delete		TITLE NAME 7951 N.W. 179th Street STREET ADDRESS Hialeah, FL. 33015 ☐ Change ☐ Addition
TITLE VS NAME DIAZ, EMERLIN STREET ADDRESS 16611 NW 72 AVE CITY-ST-ZIP MIAMI, FL 33014 ☐ Delete		TITLE NAME 7951 N.W. 179th Street STREET ADDRESS Hialeah, FL. 33015 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/5/03 (305) 886-4959 Daytime Phone #

CR2034 (10/02)