

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90653 041 \*\*\*150.00

**DOCUMENT # P02000133977**



1. Entity Name  
**SAILFISH MARKETING, INC.**

Principal Place of Business  
**10691 S.W. 88 STREET  
110  
MIAMI, FL 33176**

Mailing Address  
**10691 S.W. 88 STREET  
110  
MIAMI, FL 33176**

**94080510**



2. Principal Place of Business  
**9750 NW 17th Street**

3. Mailing Address  
**9750 NW 17th Street**

04272004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
**Miami, FL**

4. FEI Number  
**42-1568307**

Applied For  
Not Applicable

Zip Country  
**33172**

Zip Country  
**33172**

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

**6. Name and Address of Current Registered Agent**

**GALPERN, JOEL G  
1035 N.E. 125 STREET  
320  
NORTH MIAMI, FL 33176**

**7. Name and Address of New Registered Agent**

Name **Luis Diaz-Albertini**

Street Address (P.O. Box Number is Not Acceptable)

**9750 NW 17th Street**

City **Miami**

**FL**

Zip Code  
**33172**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4/29/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **DIAZ-ALBERTINI, LOURDES**  
STREET ADDRESS **10691 S.W. 88 STREET #110**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☐ Delete  
NAME **MARANON-CANCELA, LIZETTE**  
STREET ADDRESS **10691 S.W. 88 STREET #110**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☐ Delete  
NAME **MASTERS-PACHECO, DONNA**  
STREET ADDRESS **10691 S.W. 88 STREET #110**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME **Luis Diaz-Albertini**  
STREET ADDRESS **9750 NW 17th Street**  
CITY-ST-ZIP **Miami FL 33172**

TITLE ☐ Change ☐ Addition  
NAME **Eduardo Cancela**  
STREET ADDRESS **9750 NW 17th Street**  
CITY-ST-ZIP **Miami FL 33172**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **9750 NW 17th Street**  
CITY-ST-ZIP **Miami FL 33172**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/29/04**  
Daytime Phone #