
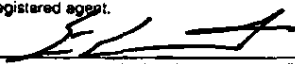



FILED
Sep 14, 2005 8:00 am
Secretary of State

08-16-2005 90040 019 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|---|---|---|
| DOCUMENT # P02000133977 | |  |
| 1. Entity Name SAILFISH MARKETING, INC. | | |
| Principal Place of Business 9750 NW 17TH STREET MIAMI, FL 33172 | | Mailing Address 9750 NW 17TH STREET MIAMI, FL 33172 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 07272005 No Chg-P CR2E034 (10/03) |
| 4. FEI Number 42-1568307 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| DIAZ ALBERTINI, LUIS 9750 NW 17TH STREET 320 MIAMI, FL 33172 | | CANCELA, EDUARDO 9750 NW 17TH STREET MIAMI, FLORIDA 33172 |
| DO NOT WRITE IN THIS SPACE | | |
| 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 8/9/05 |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | D | |
| NAME | DIAZ ALBERTINI, LOURDES | |
| STREET ADDRESS | 9750 NW 17TH STREET | |
| CITY- ST- ZIP | MIAMI, FL 33172 | |
| TITLE | D | |
| NAME | CANCELA, EDUARDO | |
| STREET ADDRESS | 9750 NW 17TH STREET | |
| CITY- ST- ZIP | MIAMI, FL 33172 | |
| TITLE | D | |
| NAME | MASTERS PACHECO, DONNA Luis PACHECO | |
| STREET ADDRESS | 9750 NW 17TH STREET | |
| CITY- ST- ZIP | MIAMI, FL 33172 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | |
| 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 118.07(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:  Donna Masters CEO 9/17/05 426-440-7066 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |