2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-24-2004 90004 006 ***150.00

DOCUMENT # P03000035553

1. Entity Name
HI TIDE, INC.

66427864

Principal Place of Business	Mailing Address
P.O. BOX 23401 OAKLAND PARK, FL 33307	P.O. BOX 23401 OAKLAND PARK, FL 33307

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5094 NE 12TH AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK FL	City & State
Zip: 33334 Country: USA	Zip Country

4. FEI Number: 06-1686204 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, ENRIQUE J
C/O HUNTON & WILLIAMS
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, SEC., TREAS. JASON E. BELL 5100 NE 12TH AVE. FT. LAUD. FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: J. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66427804
#P0300035553

Hi Tide, Inc.
5094 N.E. 12th Avenue
Fort Lauderdale, FL 33334
Phone 954-928-1862 • Fax 954-938-4495

President, Secretary, Treasurer
Jason Bell
5100 NE 12th Avenue
Fort Lauderdale, FL 33334