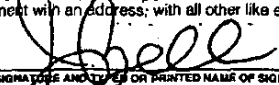


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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.																																																																				
Principal Place of Business P.O. BOX 23401 OAKLAND PARK, FL 33307			Mailing Address P.O. BOX 23401 OAKLAND PARK, FL 33307																																																																	
2. Principal Place of Business 5094 NE 12TH AVE Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																	
City & State OAKLAND PARK FL			City & State 																																																																	
Zip 33334		Country USA		4. FEI Number 06-1686204																																																																
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.																																																																				
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT, SEC., TREAS.</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>JASON E. BELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5100 NE 12TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE FL 33334</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>						TITLE	PRESIDENT, SEC., TREAS.	☐ Delete	NAME	JASON E. BELL		STREET ADDRESS	5100 NE 12TH AVE.		CITY-ST-ZIP	FT. LAUDERDALE FL 33334																							TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																				
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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																																																																				

66427864



02232004 Chg-P CR2E034 (10/03)

Attachment

66427804
#P03000035553

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
