



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90017 002 ***150.00

DOCUMENT # P03000065480 1. Entity Name DOLPHIN SWIMMING TEAM INC.					
Principal Place of Business 470 COLUMBIA DRIVE SUITE G-101 WEST PALM BEACH, FL 33409			Mailing Address 470 COLUMBIA DRIVE SUITE G-101 WEST PALM BEACH, FL 33409		
2. Principal Place of Business c/o Cass. Levv & Leone, L. C. Suite, Apt. #, etc. 440 Columbia Drive, Suite #500 City & State West Palm Beach, FL		3. Mailing Address c/o Cass. Levv & Leone, L. C. Suite, Apt. #, etc. 440 Columbia Drive, Suite #500 City & State West Palm Beach, FL			
Zip 33409		Country 		4. FEI Number 30-0184462	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GENDUSA, VINCENT BRISCOE & CO., P.A. 470 COLUMBIA DRIVE SUITE G-101 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Gendusa, Vincent Street Address (P.O. Box Number is Not Acceptable) c/o Cass. Levv & Leone, L. C. 440 Columbia Drive, Suite #500 City West Palm Beach			
FL		Zip Code 33409			
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 4/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME CAPLIN, KENNETH STREET ADDRESS 470 COLUMBIA DRIVE SUITE G-101 CITY-ST-ZIP WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete		TITLE D, P NAME Caplin, Kenneth STREET ADDRESS 440 Columbia Drive, Suite #500 CITY-ST-ZIP West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Kenneth Caplin 4/29/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					