
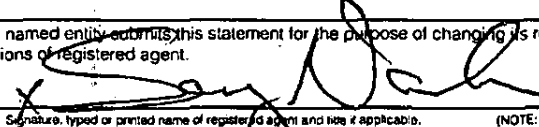
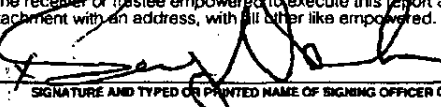


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

07-12-2004 90028 019 ***150.00

DOCUMENT # P03000106824			
1. Entity Name REEF DREAMS AQUARIUMS, INC.			
Principal Place of Business 3816 SOUTHWEST 79 AVENUE, UNIT 84 MIAMI FL 33155		Mailing Address 3816 SOUTHWEST 79 AVENUE, UNIT 84 MIAMI FL 33155	
2. Principal Place of Business 10459 SW 40 ST Suite, Apt. #, etc.		3. Mailing Address 10459 SW 40 ST Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33165		County DADE	
4. FEI Number 20-0768341		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 NOLAN, SAMUEL 3816 SOUTHWEST 79 AVENUE, UNIT 84 MIAMI FL 33155		7. Name and Address of New Registered Agent Name NOLAN, SAMUEL Street Address (P.O. Box Number is Not Acceptable) 10459 SW 40 ST MIAMI FL 33165 City MIAMI State FL Zip Code 33165	
8. The above named entity certifies 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	
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY- ST- ZIP	D NOLAN, SAMUEL 3816 SOUTHWEST 79 AVENUE, UNIT 84 MIAMI FL 33155 <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
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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: 		Date 7-8-04 Daytime Phone # 305 559 2428	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66432043



MOORE CR2E034 (11/03)

Attachment

66432043

#P03000106824

Reef Dreams Aquariums Inc.
10459 SW 40 Street
Miami, Florida 33165

July 8, 2004

Division of Corporations
Annual Report section
P. O. Box 6850
Tallahassee, Florida 32314

Reference: 2004 For Profit Corporation Annual Report

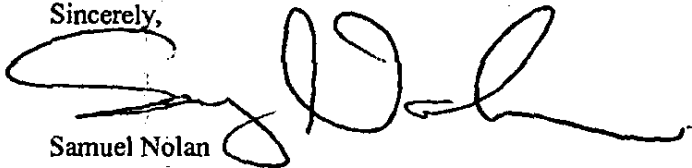
Gentlemen:

I am in receipt of your "Notice of Intent to Dissolve". I just opened my business and was not aware that I needed to pay this fee since I did not receive the original notice.

I am enclosing my check for \$150.00 and request that you kindly remove the penalty as this is my first year in business and to be charged this amount would cause me hardship.

Thank you for your assistance in this matter.

Sincerely,



Samuel Nolan