

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000112915

1. Entity Name  
AMAZING AQUARIUM DESIGN, INC.



FILED  
05 MAR 30 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2550 NOVA ROAD #6  
SOUTH DAYTONA, FL 32119

Mailing Address  
2550 NOVA ROAD #6  
SOUTH DAYTONA, FL 32119

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02042005 Chg-P CR2E034 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
56-2405950

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTILLO, ADOLFO JR  
2550 NOVA ROAD #6  
SOUTH DAYTONA, FL 32119

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CASTILLO, ADOLFO JR  
STREET ADDRESS 2550 NOVA ROAD #6  
CITY-ST-ZIP SOUTH DAYTONA, FL 32119 ☐ Delete

TITLE V  
NAME CASTILLO, ALEXANDER J  
STREET ADDRESS 3860 S A1A  
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32108 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES, TREAS.  
NAME ADOLFO CASTILLO, JR  
STREET ADDRESS Same  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE V. PRES, SECRETARY  
NAME ALEXANDER J. CASTILLO  
STREET ADDRESS SAME  
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Adolfo Castillo Jr. 3/24/05 (386) 788-1438  
Signature and typed or printed name of signing officer or director Date Daytime Phone #