2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000128130** 05-03-2004 90414 010 ***158.75 1. Entity Name CORTEZ FISHING CENTER INC. Principal Place of Business Mailing Address TAUSULDS 12507 - 44TH AVE. W. 812 - 59TH ST. N.W. BRADENTON, FL 34210 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Numbe Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNHARD, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 812 - 59TH ST. N.W. **BRADENTON, FL 34209** 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 re-30-DN SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE □ Delete TITLE ☐ Change Addition NAME BERNHARD, JOSEPH F NAME 812 - 59TH ST. N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition BERNHARD, DEBORAH E NAME NAME 812 - 59TH ST. N.W. STREET ADDRESS STREET ADDRESS CITY - ST-ZIP BRADENTON, FL 34209 CITY ST- ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE BERNHARD, BETTY J NAME NAME STREET ADDRESS 812 - 59TH ST. N.W. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED