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(Requestor's Name)

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(City/State/Zip/Phone #)

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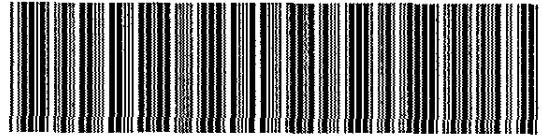
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
04 JUN -3 PM 12:55

SANDTON MANAGEMENT SERVICES

ACCOUNTING AND BOOKKEEPING SERVICES

400 VIA LUGANO CIRCLE, # 202

BOYNTON BEACH, FL 33436

Fax: (561) 735-0314

May 28, 2004

State of Florida

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314-6327

Attention: New Listing Section

Dear Sir/Madam

Re: New Listing for Aquariums of Palm Beach, Inc

Enclosed please find our check for the \$78.75 for the new registration and filing fees.

Should there be any further add on fee, kindly fax us at the above number as this Registration is urgently needed.

Thanking you

Yours sincerely,



Andre Marais

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DIVISION OF CORPORATIONS
04 JUN -3 PM 12:56

ARTICLES OF INCORPORATION

ARTICLE I – NAME

The name of the Corporation is:

AQUARIUMS OF PALM BEACH, INC

ARTICLE II – DURATION

This Corporation shall have perpetual existence commencing on the date of the filing of these articles with the Department of State.

ARTICLE III – PURPOSE

This Corporation is organized of providing selling, servicing and marketing of aquariums.

ARTICLE IV – CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of \$1.00 par value Common Stock which shall be designated Shares.

ARTICLE V – PRE-EMPTIVE RIGHTS

Every Shareholder, upon the sales of cash of any new stock of this Corporation shall have the right to purchase the prorata share hereof (as nearly as many be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI – INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 400 Via Lugano Circle, # 202, Boynton Beach, FL 33436. The name of the initial registered agent of this Corporation at the above address is Andre Marais.

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ARTICLE VII – INITIAL BOARD OF DIRECTORS

This Corporation shall have 2 (Two) Directors constituting the initial Board. The number of Directors may be either increased or decreased from time to time by the Bylaws. The names and addresses of the initial Board of the Directors of this Corporation are:

NAME:

ADDRESS:

ANITA S. ROSHAN
LUCILLE ROSHAN

1110 Boxwood Drive, #203, Delray Beach, FL 33445
1110 Boxwood Drive, #203, Delray Beach, FL 33445

Certificate designating place of business or domicile to the service of process within Florida, naming agent upon whom process may be served.

In compliance with Section 48.091 Florida Statutes, the following is submitted:

First - That (Name of Corporation)

AQUARIUMS OF PALM BEACH, INC.

Legal address – 1110 Boxwood Drive, # 203, Delray Beach, FL 33445

Desiring to organize or qualify under the laws of the State of Florida with its Principal place of business at city of

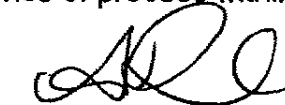
Delray Beach, Florida

State of Florida has named Andre Marais
(Resident Agent)

Located at 400 Via Lugano Circle, # 202, Boynton Beach, FL 33436.

State of Florida as its agent to accept service of process within Florida.

SIGNATURE:



CORPORATE OFFICER

TITLE:

PRESIDENT

Date: May 22nd, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

SIGNATURE:

Andre' Masari
(Resident Agent)

ARTICLE VIII – INCORPORATION

The name and address of each person signing this articles is:

NAME	ADDRESS
ANITA S. ROSHAN	1110 Boxwood Drive, #203, Delray Beach, FL 33445
LUCILLE ROSHAN	1110 Boxwood Drive, #203, Delray Beach, FL 33445

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ARTICLE IX – INDEMNIFICATION

This Corporation shall indemnify any Officer or Director or any former Officer or Director to the full extent permitted by law.

ARTICLE X – AMENDMENT

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment hereto, and any right conferred upon the Shareholders is subjected to this reservation.

In witness whereof, the undersigned subscribers have executed these Articles of Incorporation on this May 22nd, 2004.

AR

SUBSCRIBER/PRESIDENT

Lucille Roshan

SUBSCRIBER

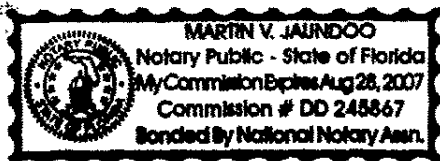
STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE
ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE,
PERSONALLY APPEARED

ANITA S. ROSHAN

BE AND KNOWN BY ME THE PERSON WHO EXECUTED THE
FOREGOING ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND
AFFIXED MY OFFICIAL SEAL IN THE STATE AND COUNTY AFORSAID,
THIS May DAY OF 26th, 2004




NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

MY COMMISSION EXPIRED AT

08/28/04

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested AQUARIUMS OF PALM BEACH, INC		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name ANITA S. ROSHAN
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1110 BOXWOOD DRIVE APT. #203		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code DELRAY BEACH, FLORIDA 33445		5b City, state, and ZIP code
	6 County and state where principal business is located PALM BEACH, FLORIDA		
	7a Name of principal officer, general partner, grantor, owner, or trustee LUCILLE I. ROSHAN		7b SSN, ITIN, or EIN 590 252104
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ► _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ► _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ► PLASMA AQUARIUMS <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____			
10 Date business started or acquired (month, day, year) JUNE 1st 2004		11 Closing month of accounting year DECEMBER	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."			Agricultural Household Other
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. PLASMA AQUARIUMS			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► Trade name ►			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name ANDRÉ MARAIS	Designee's telephone number (include area code) (561) 735-3268 TTY	
	Address and ZIP code 400 VIA LUGANO CIRCLE #202 BOYNTON BEACH, FL 33436	Designee's fax number (include area code) (561) 735-0314	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ► LUCILLE I. ROSHAN	Applicant's telephone number (include area code) (954) 729-5942
Signature ► Lucille I. Roshan	Applicant's fax number (include area code) (561) 276 3609
Date ► May 20/04	