2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P0400092759 1. Entity Name ABSOLUTE FISHER INC.						05-04-2005 90180 026 ***150.00				
Principal Plac	Mailing Address	Address							•	
520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131						50	04812	25
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0	01052005	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4	. FEI Numbe	30290	10	 	oplied For
Zip	Country	Zip	Coun	try	5	. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7.	. Name and	Address of New	/ Registered		
TRANSGLOBAL CORPORATE ADMINISTRATION, LLC				Name						
520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)						
				City				FI	Zip Cod	6
8. The above the obligat	named entity submits this statement for ions of registered agent.						n, in the State of		n familiar with,	and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature ra	required when	n reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution				icing	\$5.00 Added to	May Be to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO O	FFICERS AN	D DIRECTOR	S IN 11
TITLE	D Delete		TITLE			"			☐ Change	☐ Addition
NAME	BASKIN, YUZIK									
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS - ST- ZIP						
TITLE		☐ Delete	TITLE		 -				☐ Change	☐ Addition
NAME		L Dake	NAME						□ cirgilge	LI Addition
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE NAME		☐ Delete	TITLE	1					Change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
NAME			NAME						_ •	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP						
TITLE		☐ Delete	TITLE			·			CT Chance	
NAME			NAME	1					Change	☐ Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZiP						
TITLE Name		Delete	TITLE						☐ Chaлge	Addition
STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
12. I hereby c	pertify that the information supplied with	this filing does not qualify fo	s the ever	notion stated i	in Continu	- 110 07(0\()	Flasida Ctatata	1.6.41		

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 other like empowered.

SIGNATURE:

BIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/05 (205)374-3800