

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

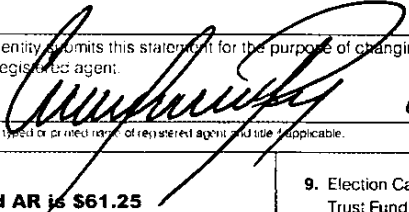
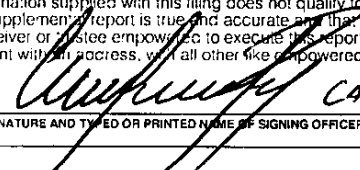
FILED

05 SEP 16 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000135750			
1. Entity Name INTERNATIONAL BLUE FISH, INC.			
Principal Place of Business 16017 SW 146 COURT MIAMI, FL 33177		Mailing Address 3501 SW 107 AVE. MIAMI, FL 33165	
2. Principal Place of Business 16817 SW 146 CT Suite, Apt. #, etc.		3. Mailing Address 16817 SW 146 CT Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL 33177	
Zip 33177	Country	Zip 33177	Country
4. FEI Number 30-0287078		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, NELSON I 10541 SW 107 ST MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Carlos Calderon Street Address (P.O. Box Number is Not Acceptable) 16817 SW 146 CT City Miami FL Zip Code 33177	
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  CARLOS CALDERON 9/13/05 Signature: typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PST CARDONA, CLARA ☒ Delete 15017 SW 146 CT MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Carlos Calderon ☐ Change ☒ Addition 16817 SW 146 CT Miami FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300059781573 ☐ Change ☐ Addition 09/20/05--01039--020 ***70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 supplement 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 without an address, with all other like empowered.			
SIGNATURE:  CARLOS CALDERON (P) 9/13/05		786-222-4060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	