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	Mailing Address
16017 SW 146 COURT MIAMI, FL 33177	3501 SW 107 AVE. MIAMI, FL 33165

	2. Principal Place of Business	3. Mailing Address
Street	16817 SW 146 CT	16817 SW 146 CT
Suite, Apt. #, etc.		
City & State	Miami FL	Miami FL 33177
Zip	33177	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: [signature] CARLOS CALDERON 9/13/05
Signature, typed or printed name of registered agent and title if 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 15017 SW 146 CT MIAMI, FL 33177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Carlos Calderon 16817 SW 146 CT Miami FL 33177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300059781573 09/20/05--01039--020 **70.00	☐ 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	9/16	☐ 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 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: [signature] CARLOS CALDERON (P) 9/13/05 786-222-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #