2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State 04-15-2005 90086 020 ***150.00

					Secretary of State					
DOCUMENT # P04000143358 1. Entity Name CORAL SEAS SALT WATER AQUARIUMS, INC.					04-15-2005 90086 020 ***150.00					
Principal Place of Business Mailing Address					1					
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1373 N. MILITARY TRAIL WEST PALM BEACH, FL 33409		1373 N. MILITARY TRAIL WEST PALM BEACH, FL 33409								
WEST FALM DEACH, IL 35405 WEST FALM DEACH, IL 3.			33409			1 86111 B/811 BRIJ 88111 BB	i 101 (1 11) B!100 (1	1 82 (1181 21191 121		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		_Suite, Apt. #, etc		02122005	Chg-P	CR2E0	34 (10/03)			
City & State		City & State		4. FEI Numb	^{er} 20-17	7092	8 Ap	plied For		
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add	itional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
JONES, ROBERT D ESQ.				Name						
590 ROYA	L PALM BEACH BLVD. ALM BEACH, FL 33411			eet Address (dress (P.O. Box Number is Not Acceptable)					
NOTAL FALM BLACH, FL 33411										
			Cit	•			FL	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 registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII - FE5-IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.										
10. COFFICERS AND DIRECTORS			11.		ADDITIONS	L /CHANGES TO OF	EICEDS AND	DIRECTOR	1 IN 1 1	
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NAME	ANTUNA, ROBERT	CT Ocide	NAME	Ì				☐ custife	☐ Addition	
STREET ADDRESS	1832 BARNSTABLE ROAD		STREET ADD	RESS						
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZI							
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NAME	ANTUNA, ROBERT	· LI Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	1832 BARNSTABLE ROAD		STREET ADD	RESS		•				
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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 effect 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

521-436-7513