

2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-24-2006 90449 035 ***150.00
P05000028934

FILED

06 OCT 25 PM 1:59

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000028934

1. Entity Name
LIVING STRONG AQUARIUMS INC.



Principal Place of Business
P.O. BOX 4408470
MIAMI, FL 33144

Mailing Address
P.O. BOX 4408470
MIAMI, FL 33144

2. Principal Place of Business
7431 SW 59th St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33143

Country

Zip

Country

02152006

Chg-P

CR2E034 (11/05)

08

4. FEI Number

75-3183963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEON, NELSON
7431 SW 59TH ST.
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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]

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEON, NELSON
7431 SW 59TH ST
MIAMI, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Reinstatement Fee
waived. Corrected report
not received.

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8/10/25
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06
Date

Daytime Phone #