


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 05, 2008 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P05000156842 1. Entity Name DOLPHINS LOCK & SAFE, INC. |  |
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| Principal Place of Business 8370 SW 35TH TERRACE MIAMI, FL 33155 | Mailing Address 8370 SW 35TH TERRACE MIAMI, FL 33155 |
|--|--|



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 13-4323213 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LOPEZ-AGUIAR, HENRY A
9415 SUNSET DRIVE
SUITE 119
MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000948069
06/02/08-80040-008 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAMOS, ANGEL JESUS 8370 SW 35TH TERRACE MIAMI, FL 33155 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____