

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90241 003 ***150.00

DOCUMENT # P06000110951 1. Entity Name SPEARFISHING & FREEDIVING INC			
Principal Place of Business 8625 NW 8 ST #113 MIAMI, FL 33126		Mailing Address 8625 NW 8 ST #113 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 134 Salamanca		3. Mailing Address 134 Salamanca	
Suite, Apt. #, etc. 7B		Suite, Apt. #, etc. 7B	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134		Zip 33134	
Country Dade		Country Dade	
4. FEI Number 20-8800742		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-MIRANDA, ANTONIO 8625 NW 8 ST #113 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Jorge M. Garcia Street Address (P.O. Box Number is Not Acceptable) 134 Salamanca, # 7B City Coral Gables FL Zip Code 33134	
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. JC			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVPS GARCIA, JORGE M 8625 NW 8 ST #113 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPS Jorge M. Garcia 134 Salamanca, # 7B Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIA, JORGE M 8625 NW 8 ST #113 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Jorge M Garcia 134 Salamanca, # 7B Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JC		4/19/07 3052610251	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	