

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90033 009 \*\*\*158.75

**DOCUMENT # P94000008819**

1. Entity Name  
**THE DOLPHIN HOUSE, INC.**



Principal Place of Business  
**9670 134TH STREET NORTH  
SEMINOLE FL 33776  
US**

Mailing Address  
**9670 134TH ST. N.  
SEMINOLE FL 34646**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3227737**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALERAMA, ROSAURO  
9682 134 STREET N  
SEMINOLE FL 33776**

Name **ROSAURO B. BALDERAMA**

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

**9682 - 134th St. N.**

City **SEMINOLE** FL Zip Code **33776**

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 *Rosauro B. Balderama*

DATE **1-6-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	VP <b>MARLY, BALDERAMA</b> <input type="checkbox"/> Delete <b>9682 134 STREET N SEMINOLE SEMINOLE FL 33776</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>ROSAURO, BALDERAMA</b> <input type="checkbox"/> Delete <b>9682 134 STREET N SEMINOLE SEMINOLE FL 33776</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROSAURO B. BALDERAMA</b> <b>9682 - 134th St. N.</b> <b>SEMINOLE, FL, 33776</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT / TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARLY B. BALDERAMA</b> <b>9682 - 134th St. N.</b> <b>SEMINOLE, FL</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 original signature like the one above.

SIGNATURE: *Rosauro B. Balderama*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-6-03**

DAYTIME PHONE # **727-596-3266**

CR2E034 (10/02)