


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000085845</b> 1. Entity Name NEPTUNE'S AQUARIUMS, INC.	
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Principal Place of Business NEPTUNE'S AQUARIUMS, INC. 4095 SW 137 AVE., #9 MIAMI, FL 33175 US	Mailing Address NEPTUNE'S AQUARIUMS INC 4095 SW 137 AVE., #9 MIAMI, FL 33175 US
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**DO NOT WRITE IN THIS SPACE**



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0536457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  PEREZ, RENE F 13025 SW 112TH AVE MIAMI, FL 33176	<b>DO NOT WRITE IN THIS SPACE</b>
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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 renewing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RENE F 13025 SW 112TH AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, JORGE 4152 SW 13 ST., #5 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEUNG, JULIA 4095 SW 137TH AVE., SUITE #9 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/05-80027-025 150.00

**DO NOT WRITE  
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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 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2-4-2005</b> <b>(305) 554-0707</b> <small>Date Daytime Phone #</small>
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