## Jan 30, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P96000060415** 01-30-2004 90066 005 \*\*\*150.00 1. Entity Name AQUARIUS MARKETING GROUP, INC. Principal Place of Business Mailing Address 44006046 6464 PUMPKIN SEED CIRCLE 6464 PUMPKIN SEED CIRCLE BOCA RATON, FL 33433 BOCA RATON, FL 33433 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0682198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FISH, RICHARD J 6464 PUMPKIN SEED CIRCLE BOCA RATON, FL 33433 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, lyned or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 - After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS TITLE NAME FISH, RICHARD J STREET ADDRESS 6464 PUMPKIN SEED CIRCLE CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

**FILED** 

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 frustege inpowered 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:** 

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

561-368-2463