

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90313 028 ***150.00

DOCUMENT # P97000047784
1. Entity Name Dolphins Hi-Tech Corp.

DO NOT WRITE IN THIS SPACE

50044023

2. Principal Place of Business 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222	3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222
Country USA	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0757537	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name Costas, Manuel E.
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.
Suite Suite 101
City Miami
FL Zip Code 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D/P Costas, Manuel E. 10951 S.W. 161st Pl. Miami, FL 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Costas, Nilda 10951 S.W. 161st Pl. Miami, FL 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Manuel E. Costas

4/21/05

305-773-8744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #