

2006

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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 039 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000047784					
1. Entity Name Dolphins Hi-Tech Corp.					
DO NOT WRITE IN THIS SPACE					
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		
			4. FEI Number 65-0757537		Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE			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 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. <input type="checkbox"/> \$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 40 or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Manuel E. Costas</i>		Manuel E. Costas		4/19/06 305-773-8744	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034B (12/02)