

2003

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91521 008 ***150.00

DOCUMENT # P97000047784 1. Entity Name Dolphins Hi-Tech Corp.							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 7270 N.W. 12th St. Suite, Apt. #, etc. Suite 761 City & State Miami, FL Zip Country 33126-1929 USA			3. Mailing Address 7270 N.W. 12th St. Suite, Apt. #, etc. Suite 761 City & State Miami, FL Zip Country 33126-1929 USA				
			DO NOT WRITE IN THIS SPACE				
4. FEI Number 65-0757537			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>			Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			7. Name and Address of Current Registered Agent				
DO NOT WRITE IN THIS SPACE			Name Costas, Manuel E.				
			Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St.				
			Suite Suite 761				
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">City Miami</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 33126</td> </tr> </table>			City Miami	FL
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 \$81.25 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)(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 on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Manuel E. Costas</u> Manuel E. Costas 4/24/03 305-471-9332 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

CR2E034B (12/02)