2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90060 014 ***158.75

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04082004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000087691

1. Entity Name
TROPICAL FISH TRANSHIPPERS, INC.

Principal Place of Business	Mailing Address
1870 N TAMIAMI TRAIL N. FORT MYERS, FL 33903	323 SE 24TH AVE APT.#D CAPE CORAL, FL 33990

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Same		808 Stanton Drive Suite, Apt. #, etc.	
City & State		City & State Weston, Fla	
Zip	Country	Zip 33326	Country USA

4. FEI Number 65-0885242 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
323 SW 24TH AVE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] DATE 4/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TIEDER, JERROLD 323 SE 24TH AVE.#D CAPE CORAL, FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 808 Stanton Drive Weston Fla 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TIEDER, GERRY L 323 SE 24TH AVE,#D CAPE CORAL, FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 808 Stanton Drive Weston Fla 33326
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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.

SIGNATURE: [signature] Jerrold Tieder 4/10/04 (954) 349-8935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #