


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000103479 1. Entity Name DOLPHIN BAR & LOUNGE, CORP.	
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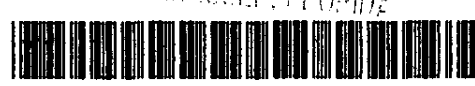
Principal Place of Business 4660 PALM AVENUE HIALEAH, FL 33012	Mailing Address 11340 QUAIL ROOST DR. MIAMI, FL 33157 US
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DO NOT WRITE IN THIS SPACE

FILED

04 APR 30 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-4975481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAGNUM, PAUL
3565 S.W. 132ND AVENUE
MIAMI, FL 33175**

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	800035820629 05/10/04--01072--008 **150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MAGNUM, PAUL 4660 PALM AVE. HIALEAH, FL 33012
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____