2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000036956

1. Entity Name

LET'S MAKE A DAIQUIRI AT THE DOLPHIN, INC.



Principal Place of Business

11401 NW 12TH STREET

E 520

MIAMI, FL 33172

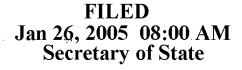
Mailing Address

11401 NW 12TH STREET

E 520

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33172





01142005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0995977 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, LESLEY A 401 BISCAYNE BLVD, #MS 100 MIAMI, FL 33132

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 / EVEY # DCMC Scaltres 11/4/05				
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			cing \$5.00 May Be	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P BARNES, PARKER L JR 401 BISCAYNE BLVD, #MS 100 MIAMI, FL 33132			U00000195954 01/26/05-80051-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARNES, LESLEY A 401 BISCAYNE BLVD MS 100 MIAMI, FL 33132		;; ; ;	
TIYLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, JOHN C SS 401 BISCAYNE BLVD MS 100 MIAMI, FL 33132		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				
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.				

OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIG