

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

90130049

<b>DOCUMENT # P99000080403</b> 1. Entity Name <b>H2O TROPICAL DESIGNS, INC.</b>		
Principal Place of Business 1526 NE 110TH STREET MIAMI, FL 33161		Mailing Address 1526 NE 110TH STREET MIAMI, FL 33161
2. Principal Place of Business <b>1535 NE 129 ST</b> Suite, Apt. #, etc. <b>OFFICE</b>	3. Mailing Address <b>SAME AS #2</b> Suite, Apt. #, etc.	
City & State <b>NORTH MIAMI FL</b>	City & State	4. FEI Number <b>65-0952730</b>
Zip <b>33161</b>	Country <b>USA</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>BETTS, HARLAN</b> <b>50 NE 129TH STREET</b> <b>MIAMI, FL 33161</b>
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>50 NE 129 ST</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33161</b>		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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 <u><i>Harlan Betts</i></u> <b>HARLAN BETTS</b> <b>4/24/03</b> <small>Signature of person named as registered agent (and fill if applicable) (NOTE: Registered Agents' signature required when reappointing) DATE</small>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BETTS, HARLAN</b> <b>1526 NE 110TH STREET</b> <b>MIAMI, FL 33161</b>	<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BETTS, HARLAN</b> <b>1535 NE 129 ST</b> <b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Harlan Betts</i></u> <b>HARLAN BETTS</b> <b>4/24/03</b> <b>305-899-9773</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		CRE0304 (10/02)