

DOCUMENT # 311829

1. Entity Name
DELRAY SEAFOODS INC



Principal Place of Business
120 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483

Mailing Address
120 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1159579

Applied For
Not Applicable

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/06)

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIEK, MOREVA C.
4640 COCONUT LANE
BOYNTON BEACH FL 33436

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 PD Delete
NAME GRIEK, MOREVA C.
STREET ADDRESS 4640 COCONUT LANE
CITY-STATE-ZIP BOYNTON BEACH FL 33436

Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
100000687070
04/10/07-80026-001 150.00

TITLE STD Delete
NAME GRIEK, AMANDA
STREET ADDRESS 4419 SUNSET CAY CIR
CITY-STATE-ZIP BOYNTON BEACH FL 33436

Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VPD Delete
NAME GRIEK, CHRISTOPHER
STREET ADDRESS 422 NE 31ST STREET
CITY-STATE-ZIP BOCA RATON FL 33433

Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Moreva C Griek* Date: *3/27/07* Daytime Phone #: *561-278-3439*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #