## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 19, 2007 08:00 A **DOCUMENT # M58486** Secretary of State 1. Entity Name DON FERNANDO FISHMARKET-RESTAURANT, INC. Principal Place of Business Mailing Address 12899 SW 42 ST. 12899 SW 42 ST. MIAMI, FL 33175 MIAMI, FL 33175 CR2E034 (11/05) 01112007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0103367 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TARIN, FERNANDO V. . . . DO NOT WRITE 4531 S.W. 132ND AVENUE MIAMI, FL 33175 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 Signature, typed or protect name of registered agent and title if applicable (NOTE: Recipiered Agent pigneture required when remetating) 9. Election Campaign Financing \$5.00 May Be U00000633864 02/28/07-80044-008 150.00 PILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE TARIN, FERNANDO V. NAME STREET ADORESS 4531 SW 132ND AVENUE CITY-ST-ZIP MIAMI, FL 33175 TITLE TD NAME TARIN, ANA M. STREET ADDRESS 4531 SW 132ND AVENUE MIAMI, FL 33175 CITY-ST-ZIP VPD TITLE TARIN, FERNANDO, JR. NAME STREET ADORESS 4531 SW 132ND AVENUE DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33175 TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutea. I further certify that the information indicated on this report or supplemental report is true and accurate and that my alignature 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 807, 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 the empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

2-14-07

305.220.2960

FILED

Daytime Phone