

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

06-07-2007 90004 019 \*\*\*150.00

**DOCUMENT # P04000102458**

1. Entity Name  
**MIAMI INTERNATIONAL SEAFOOD INC**



Principal Place of Business      Mailing Address

8760 SW 133 AVE BLDG 9      8760 SW 133 AVE BLDG 9  
 STE 418      STE 418  
 MIAMI, FL 33183      MIAMI, FL 33183

**40120132**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

05112007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

20-1365796      Not Applicable

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

**6. Name and Address of Current Registered Agent**

CARRILLO, CARLOS  
 8760 SW 133 AVE BLDG 9  
 STE 418  
 MIAMI, FL 33183

**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 signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CARRILLO, CARLOS	
STREET ADDRESS	8760 SW 133 AVE BLDG 9 STE 418	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, REYNALDO	
STREET ADDRESS	8760 SW 133 AVE BLDG 9, STE. 418	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ GRANADOS, RODOLFO	
STREET ADDRESS	8760 SW 133 AVE BLDG 9 STE 418	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:       Date: 5/29/07      Daytime Eveng

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (305) 300-7858