

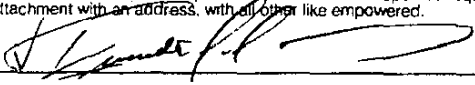
**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90027 004 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                               |                                                                                                                                                     |         |                                                                                                                     |                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000150223</b><br>1. Entity Name<br><b>MICAL SEAFOOD, INC.</b>                                                                                                                                                |                                                                                                                                                     |         |                                                                                                                     |                                                                                                                                                      |  |
| Principal Place of Business<br><b>9000 W. SHERIDAN STREET<br/>         SUITE #147<br/>         PEMBROKE PINES, FL 33024 US</b>                                                                                                |                                                                                                                                                     |         | Mailing Address<br><b>9000 W. SHERIDAN STREET<br/>         SUITE #147<br/>         PEMBROKE PINES, FL 33024 US</b>  |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                                                                                                     |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                  |                                                                                                                                                     |         | City & State                                                                                                        |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                           |                                                                                                                                                     | Country |                                                                                                                     | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                       |                                                                                                                                                     | Country |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><b>TORRES, RICARDO J<br/>         2199 N. W. 126 AVENUE<br/>         PEMBROKE PINES, FL 33028</b>                                                                          |                                                                                                                                                     |         |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering)                                                                                                                                               |                                                                                                                                                     |         |                                                                                                                     |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                        |                                                                                                                                                     |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                                                                                                     |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>PSTD<br/>         TORRES, RICARDO J<br/>         2199 N. W. 126 AVENUE<br/>         PEMBROKE PINES, FL 33028</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>VDAS<br/>         MOLBOGOT, JAY MARK<br/>         6436 STONEHURST CIR<br/>         LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete      |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                          |  |

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

40091647



02022006 Chg-P CR2E034 (11/05)

 4. FEI Number **20-3772846** Applied For ☐ Not Applied ☐

ATTACHMENT 40091647

#P05000150223

**MICAL SEAFOOD INC**

441 South State Road 7

Suite #2

Margate, FL 33068

PH: 954-443-8819

FAX: 954-443-8144



May 6, 2006

Florida Secretary of State  
Division of Corporations  
PO BOX 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

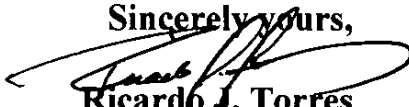
RE: Annual Report

We are attaching the annual report for Mical Seafood, Inc. for 2006 together with our filing fee payment for \$150.00. We also understand that due date was May 1, 2006, therefore this form is late.

In this connection, we are requesting your kind office to waive the \$400 late filing penalty due to the company's recent incorporation in Florida. Mical Seafood, Inc was only recently organized last November 10, 2005. Being a newly organized company, the officers are still learning the many filing requirements to the State of Florida.

We hope that this letter will find favor. We apologize for the inconvenience that this may cause you. Please do not hesitate to call us at (954) 443-8819.

Sincerely yours,

  
Ricardo J. Torres  
President