2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2007 8:00 am Secretary of State

DOCUMENT # P05000150223 1. Entity Name MICAL SEAFOOD, INC.					03-20-2007 90018 034 ***150.00				
Principal Place of Business Mailing Address				qηυν ^ω					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 441 SOUTH STATE ROAD 7 441 SOUTH STATE ROAD 7									
Suite, Apt. #		Suite, Apt. #, etc.		02142007	Chg-P	CR2E034 (12/06)			
City & State MARGATE, FL		City & State MARGATE FL		4. FEI Number	umber 3772846			plied For Applicable	
Zip Country 33.068		Zip 33 068 Country		1	5. Certificate of Status Desired \$8.			3.75 Additional	
3506	6. Name and Address of Current R			7. Name and	Address of New R		ee Required gent		
TORRES, F	RICARDO J	· 							
2199 N. W.	. 126 AVENUE E PINES, FL 33028	Street Address	Street Address (P.O. Box Number is Not Acceptable)						
1 2.00.21.01.0	21 11420, 12 00020								
			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, lyped or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signature requir	ed when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
TITLE	OFFICERS AND D	DIRECTORS Delete	11.	ADDITIONS	CHANGES TO OFF		DIRECTORS Change		
NAME	TORRES, RICARDO J	C Detete	NAME				C) clarite	Addition .	
STREET ADDRESS CITY-ST-ZIP	2199 N. W. 126 AVENUE PEMBROKE PINES, FL 33028		STREET ADDRESS CITY-ST-ZIP						
TITLE	VDAS	☐ Delete	TITLE			·	☐ Change	Addition	
NAME STREET ADDRESS	MOLBOGOT, JAY MARK 6436 STONEHURST CIR	NAME STREET ADDRESS							
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE			. .	Change	☐ Addition	
NAME			NAME				onange	Assider	
STREET ADDRESS CITY-ST-ZIP			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 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 IMG empowered.									
	and the second	11/)		alli				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR G SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design D									