2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-03-2004 91036 048 ***150.00

FILED

04 MAY 20 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009494

1. Entity Name

[redacted] & FISHERIES INTERNATIONAL, INC.

AQUAFARMing

Principal Place of Business	Mailing Address
17025 W. DIXIE HWY. N. MIAMI BEACH FL 33160	17025 W. DIXIE HWY. N. MIAMI BEACH FL 33160

2. Principal Place of Business	3. Mailing Address
17025 W. Dixie Hwy	17025 W. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach, FL	City & State: N. Miami Beach, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

MOORE CR2E034 (11/03)

4. FEI Number: 65-0634109 [redacted] ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KERBEL, LEE 17025 W. DIXIE HWY. N. MIAMI BEACH FL 33160	Name: KERBEL, LEE Street Address (P.O. Box Number is Not Acceptable): 17025 W. Dixie Hwy City: N. Miami Beach FL Zip Code: 33160

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 _____ 04/05/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOMES, LUIZ A	NAME	
STREET ADDRESS	10275 COLLINS AVE. 1104 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR FL 33154	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KERBEL, LEE	NAME	
STREET ADDRESS	100 BAYVIEW DR., APT 1228	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/05/04 (305)947-5347
Date Daytime Phone #