


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S200Q4**  
1. Entity Name  
**ISLAND SEAFOOD MARKET, INC.**



Principal Place of Business  
**2505 SE 31ST AVENUE  
PEMBROKE PINES, FL 33009**

Mailing Address  
**2505 SE 31ST AVENUE  
PEMBROKE PINES, FL 33009**

**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**80-0007370**

Applied For  
 Not Applicable

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

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

**SOLOMON, FREDERICK  
6474 NW 43 COURT  
CORAL SPRINGS, FL 33067**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOLOMON, FREDERICK 6474 NW 43 COURT CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOLOMON, DAREN 6474 NW 43 COURT CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SOLOMON, JOAN 6474 NW 43 COURT CORAL SPRINGS, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000245974  
04/09/05-80051-101 150.00

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

SIGNATURE: Joan Solomon **Joan Solomon** 4/7/05 954-985-0930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #