


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90202 006 \*\*\*150.00

DOCUMENT # S20004			
1. Entity Name ISLAND SEAFOOD MARKET, INC.			
Principal Place of Business 6474 NW 43RD CT CORAL SPRINGS, FL 33067		Mailing Address <del>6474 NW 43RD CT</del> <del>CORAL SPRINGS, FL 33067</del>	
2. Principal Place of Business		3. Mailing Address <i>2600 NE 14th St. Cswy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Pompano Beach, FL</i>	
Zip	Country	Zip	Country
<i>33062</i>		<i>33062</i>	<i>USA</i>
4. FEI Number 80-0007370		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLOMON, FREDERICK 6474 NW 43 COURT CORAL SPRINGS, FL 33067		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 _____ (NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, FREDERICK	NAME	
STREET ADDRESS	6474 NW 43 COURT	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, DAREN	NAME	
STREET ADDRESS	6474 NW 43 COURT	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JOAN	NAME	
STREET ADDRESS	6474 NW 43 COURT	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Joan M Solomon</i> <b>Joan M Solomon</b>		Date: <i>4/21/06</i> Daytime Phone #: <i>954-2223490</i>	

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