
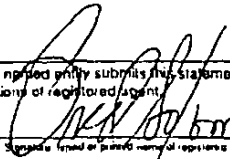
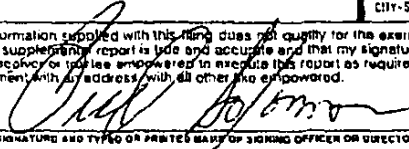


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 31 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20004			
1. Entity Name ISLAND SEAFOOD MARKET, INC.			
Principal Place of Business 6474 NW 43RD CT CORAL SPRINGS, FL 33067		Mailing Address 2600 NE 14TH ST CSWY POMPANO BEACH, FL 33062	
2. Principal Place of Business		3. Mailing Address	
Sulle, Apt. #, etc.		Sulle, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 80-0007370		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOLOMON, FREDERICK 6474 NW 43 COURT CORAL SPRINGS, FL 33067		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 		Date 8/24/06	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP SOLOMON, FREDERICK 6474 NW 43 COURT CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP SOLOMON, OAREN 6474 NW 43 COURT CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 supplementary 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 my address with all other info empowered.			
SIGNATURE: 		Date 8/24/06	



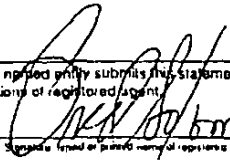
08242006 Chg-P CR2E034 (11/05)

4. FEI Number 80-0007370 Applied For Not Applicable

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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