


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # S20004 1. Entity Name ISLAND SEAFOOD MARKET, INC. |  |
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| Principal Place of Business 6474 NW 43RD CT CORAL SPRINGS, FL 33067 | Mailing Address 2600 NE 14TH ST CSWY POMPANO BEACH, FL 33062 |
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 80-0007370 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SOLOMON, FREDERICK 6474 NW 43 COURT CORAL SPRINGS, FL 33067 |
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**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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U00000585347
01/16/07-80008-015 150.00

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

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IN THIS SPACE**

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: Joan Solomon Joan Solomon 1/8/07 954-227-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #