

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20004

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ISLAND SEAFOOD MARKET, INC.

**Current Principal Place of Business:**

6474 NW 43RD CT  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

2600 NE 14TH ST CSWY  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 80-0007370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SOLOMON, FREDERICK  
Address: 6474 NW 43 COURT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DTS ( ) Delete  
Name: SOLOMON, JOAN  
Address: 6474 NW 43 COURT  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK SOLOMON

DP

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date