

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90069 032 \*\*\*150.00

**DOCUMENT # 255338**

1. Entity Name

PAUL BARNETT SEA FOODS, INC.



Principal Place of Business

590 N.E. 185TH STREET  
MIAMI, FL 33179

Mailing Address

P.O. BOX 630446  
OJUS, FL 33163 US

**24002469**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-0996975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

DADE COUNTY CORPORATE AGENTS, INC.  
801 BISCAYNE BLVD. #505  
AVENTURA, FL 33180

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BARNETT, PAUL
STREET ADDRESS	1668 DIPLOMAT DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	DP
NAME	BRESLOW, LYNN B
STREET ADDRESS	20827 N.E. 30 CT
CITY-ST-ZIP	AVENTURA, FL
TITLE	DP
NAME	BARNETT, GLORIA
STREET ADDRESS	1668 DIPLOMAT DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D.V.P.
NAME	TIM KAOHN
STREET ADDRESS	6041 SW 17 CT
CITY-ST-ZIP	PLANTATION FLA 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #