2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000028039

1. Entity Name
CASTOR SEAFOOD INC.

Principal Place of Business	Mailing Address
108 AVENUE A MARATHON, FL 33050	108 AVENUE A MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

03012004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0660984	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, ARTHUR F
7550 RED ROAD #203
SOUTH MIAMI, FL 33143

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	D
NAME	GARCIA, CASTOR
STREET ADDRESS	108 AVENUE A
CITY-ST-ZIP	MARATHON, FL 33050

TITLE	V
NAME	GARCIA, CANDIDA
STREET ADDRESS	108 AVE A
CITY-ST-ZIP	MARATHON, FL

TITLE	TTR
NAME	GARCIA, OMAR
STREET ADDRESS	1220 51 ST
CITY-ST-ZIP	MARATHON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000083594
03/15/04-80033-010 150.00

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 _____   3/11/04   305-743 6967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #