## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 08:00 AM Secretary of State

1. Entity Name CANTABRIC SEAFOOD DISTRIBUTORS, INC.				Secretary or State			
Principal Place of Business         Mailing Address           3371 SW 28TH TERRACE         _3371 SW 28TH TERRACE           MIAMI, FL 33133 US         MIAMI, FL 33133 US							
MANUEL,	OBESO28TH TERRACE		C <b>E</b>	03262005 No 4. FEI Number 71-0948764 5. Certificate of State		34 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
the obligat	e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and the time to the tim	tie d'applicable. (NOTE, Registere  9. Election Campaign Finar	d Agent signature required	d when reassiating)  .00 May Be	e State of Florida. I am  DATE	familiar with, and accept	
After M	ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIF	Trust Fund Contribution.	☐ Adid	led to Fees	······································		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S MANUEL, OBESO 3371 SW 28TH TERRACE MIAMI, FL 33133		•		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04	U0000028754 /04/05-80073	3 -014 150.00	
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12. I hereby of indicated of the corchanged,	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or truske employe, or on an attachment with a coress with	s filing does not qualify for the exe e and accurate and that my signal red to execute this report as requi all other like empowered.	mption stated in Se ture shall have the red by Chapter 607	ection 119.07(3)(i), Flori same legal effect as if r 7. Florida Statutes: and	da Statutes, I further cer nade under oath; that I a that my name appears i	tify that the information am an officer or director n Block 10 or Block 11 if	

President
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-31.05