

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002689

**Entity Name:** OPEN BLUE SEA FARMS, INC.

**Current Principal Place of Business:**

1800 S.E. 10TH AVE.  
SUITE 440  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1800 S.E. 10TH AVE.  
SUITE 440  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 26-0355416

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name ORR, ROBERT  
Address 310 EAST BROADWAY STE 4  
City-State-Zip: JACKSON WY 83001

Title DIRECTOR  
Name O'HANLON, BRIAN  
Address 382 NE 191ST STREET  
City-State-Zip: MIAMI FL 33179

Title PRESIDENT  
Name PERRY, CHRISTOPHER A  
Address 382 NE 191ST STREET  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name ARIAS, GABRIEL  
Address 382 NE 191ST STREET  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name MAGNUS, MIKE  
Address 382 NE 191ST STREET  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name MORRIS, ROLY  
Address 382 NE 191ST STREET  
City-State-Zip: MIAMI FL 33179

Title DIRECTOR  
Name SELMAN, JIM  
Address 382 NE 191ST STREET  
City-State-Zip: MIAMI FL 33179

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRISTOPHER A PERRY

**DIRECTOR**

**02/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date