


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 184752 1. Entity Name BEAVER STREET FISHERIES, INC.	
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Principal Place of Business 1741 W. BEAVER ST. JACKSONVILLE, FL 32209 US	Mailing Address P O BOX 41430 JACKSONVILLE, FL 32203-1430 US
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04212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0737364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BEAVER STREET FOODS, INC. 1741 W BEAVER ST JACKSONVILLE, FL 32209

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCVA FRISCH, HANS 1741 W BEAVER ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FRISCH, BENJAMIN 1741 W BEAVER ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRISCH, E. KARL 1741 W BEAVER ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT FRISCH, HANS 1741 W BEAVER ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRISCH, MARK 1741 W BEAVER ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80032-018-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

HANS FRISCH

Date

4/25/07

Daytime Phone #

**(904)
354-8533**