

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 305069**

1. Entity Name

**SURF SIDE SEAFOODS INC**



Principal Place of Business

**4609 W ALVA  
TAMPA FL 33615**

Mailing Address

**PO BOX 15514  
TAMPA FL 33684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**59-1142567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDEZ, ARMANDO  
5106 LONGBOAT BLVD  
TAMPA FL 33615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME VALDEZ, ARMANDO  
STREET ADDRESS 4609 W ALVA  
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ Change ☐ Addition  
NAME **000000061878**  
STREET ADDRESS **02/23/04-80099-003 150.00**  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MASSA, ANTHONY  
STREET ADDRESS 4609 W ALVA  
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME VALDEZ, DAN  
STREET ADDRESS 1609 W ALVA  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*A. Valdez*  
**A. Valdez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-04 (813) 877-8887**

Date

Daytime Phone #