

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90198 006 \*\*\*150.00

<b>DOCUMENT # 326379</b> 1. Entity Name <b>COLLINS FISH AND SEAFOOD INC</b>					
Principal Place of Business <b>328 N.E. 70TH ST. MIAMI, FL 33138</b>			Mailing Address <b>328 N.E. 70TH ST. MIAMI, FL 33138</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEVINE, I. BUDDY.</b> <b>328 N.E. 70TH ST.</b> <b>MIAMI, FL 33138</b>				Name <b>COHEN, MARK S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2525 SANDS WAY</b> City <b>COOPER CITY</b> <b>FL</b> Zip Code <b>33026</b>	
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 <b>MARK S. COHEN, President</b> <b>05-11-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <b>LEVINE, I BUDDY</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEVINE, I BUDDY</b>		NAME		
STREET ADDRESS	<b>4293 PRAIRIE AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 00000</b>		CITY-ST-ZIP		
TITLE	VP <b>COHEN, MARK.</b> <input type="checkbox"/> Delete		TITLE	<b>P/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COHEN, MARK.</b>		NAME	<b>COHEN, MARK S.</b>	
STREET ADDRESS	<b>2525 SANDS WAY.</b>		STREET ADDRESS	<b>2525 SANDS WAY</b>	
CITY-ST-ZIP	<b>COOPER CITY, FL</b>		CITY-ST-ZIP	<b>COOPER CITY - FL 33026</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>COHEN, KENNETH D.</b>	
STREET ADDRESS			STREET ADDRESS	<b>10040 SW 143 ST</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI - FL 33176</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>BURKE, WILLIAM</b>	
STREET ADDRESS			STREET ADDRESS	<b>2744 VENICE DR</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI BEACH GARDENS - FL 33410</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <b>MARK S. COHEN</b>			<b>05-11-05</b> <b>305-713711</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		