
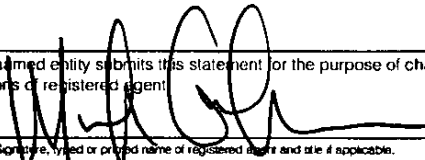
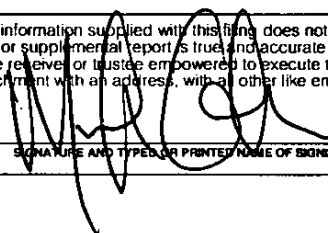


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-16-2005 90198 006 ***150.00

DOCUMENT # 326379			
1. Entity Name COLLINS FISH AND SEAFOOD INC			
Principal Place of Business 328 N.E. 70TH ST. MIAMI, FL 33138		Mailing Address 328 N.E. 70TH ST. MIAMI, FL 33138	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1211830		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINE, I. BUDDY. 328 N.E. 70TH ST. MIAMI, FL 33138		Name COHEN, MARK S. Street Address (P.O. Box Number is Not Acceptable) 2525 SANDS WAY City COOPER CITY FL Zip Code 33026	
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 		MARK S. COHEN, President 05-11-05 DATE	
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 LEVINE, I BUDDY <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, I BUDDY	NAME	
STREET ADDRESS	4293 PRAIRIE AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	CITY-ST-ZIP	
TITLE	VP COHEN, MARK. <input type="checkbox"/> Delete	TITLE	P/S/T COHEN, MARK S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MARK.	NAME	COHEN, MARK S.
STREET ADDRESS	2525 SANDS WAY.	STREET ADDRESS	2525 SANDS WAY
CITY-ST-ZIP	COOPER CITY, FL	CITY-ST-ZIP	COOPER CITY - FL 33026
TITLE	<input type="checkbox"/> Delete	TITLE	COHEN, KENNETH D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	COHEN, KENNETH D.
STREET ADDRESS		STREET ADDRESS	10040 SW 143 ST
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI - FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	BURKE, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BURKE, WILLIAM
STREET ADDRESS		STREET ADDRESS	2744 VENICE DR
CITY-ST-ZIP		CITY-ST-ZIP	PAUM BEACH GARDENS - FL 33410
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 reports 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 a other like empowered.			
SIGNATURE: 		MARK S. COHEN - 05-11-05 305-7113711 Date Daytime Phone #	