2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 A Secretary of State **DOCUMENT #326379** 1. Entity Name COLLINS FISH AND SEAFOOD INC Principal Place of Business Mailing Address 328 N.E. 70TH ST. 328 N.E. 70TH ST. MIAMI, FL 33138 MIAMI, FL 33138 03272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1211830 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHEN, MARK S DO NOT WRITE 2525 SANDS WAY HOLLYWOOD, FL 33026 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PST U00000874850 TOTLE 04/11/08-80009-004 150.00 COHEN, MARK. NAME STREET ADDRESS 2525 SANDS WAY. CUTY-SU-ZUP COOPER CITY, FL DILE COHEN, KENNETH D NAME STREET ADORESS 10040 SW 143 ST CITY-ST-ZIP MIAMI, FL 33176 TITLE BURKE, WILLIAM NAME STREET ADDRESS 2544 VENICE DR DO NOT WRITE CHY-ST-7IP PALM BEACH GARDENS, FL 33410 TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

 I hereby certify that the information indicated on this report or supplen of the corporation or the receiver of hualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if beilagus s filing does ue and accu does ental report trustee changed, or on an attach

Part High

SIGNATURE:

CITY-S1-ZIP TITLE NAME

STREET ADDRESS CITY - ST-ZIP

NG OFFICER OR DIRECTOR