2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 591122

1. Entity Name
INTERNATIONAL MARINE FISHERIES COMPANY

Principal Place of Business	Mailing Address
290 ALHAMBRA CIR CORAL GABLES, FL 33134	290 ALHAMBRA CIR CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1858620		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, DAVID
6360 SW 84TH STREET
SUITE 302
MIAMI, FL 33143

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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, 2008 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RACKOWE, ROBIN
STREET ADDRESS	290 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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CITY-ST-ZIP	

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01/08/08-80010-020 150.00

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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: _Robin Rackowe_   ROBIN RACKOWE   03 JANUARY 2008   (305) 445 4589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #