

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 628082

1. Entity Name

SEA WORLD SEAFOOD DISTRIBUTOR, INC.



FILED

Feb 12, 2007 08:00 AM  
Secretary of State

Principal Place of Business

345 SW 15TH AVENUE  
POMPANO BEACH FL 33069

Mailing Address

345 SW 15TH AVENUE  
POMPANO BEACH FL 33069



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1924028

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUFFINO, LAWRENCE  
1112 LITTLE HARBOR DR  
DEERFIELD FL 33341

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

T  
NAME RUFFINO, PATRICIA  
STREET ADDRESS 1112 LITTLE HARBOR DR  
CITY-STATE-ZIP DEERFIELD FL 33341 ☐ Delete

P  
NAME RUFFINO, LAWRENCE  
STREET ADDRESS 1112 LITTLE HARBOR DR  
CITY-STATE-ZIP DEERFIELD FL 33341 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
000000630698  
02/20/07-80018-009 150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-07