2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				<b>Jul 24, 2003</b>	FILED Jul 24, 2003 8:00 am Secretary of State	
	MENT # 62808	32		07-24-2003 90111 (		
1. Entity Nam SEA WOF	RLD SEAFOOD DISTRIBUTO	OR, INC.			330.73	
345 SW 15TH	ce of Business I AVENUE EACH FL 33069	Mailing Address 345 SW 15TH AVENUE POMPANO BEACH FL 3	3069	 	SI BIBIK BIBII BIBIK BIBIK DIBIK 1981	
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State	<del> </del>	4. FEI Number 59-1924028	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
11168 NV	, LAWERENCE V 18 COURT PRINGS FL 33060		Street Addi	Street Address (P.O. Box Number is Not Acceptable)  City  Ci		
the obligat SIGNATURE  F After Se	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 or Payable to Florida Department of	and title it applicable. (NC	ts registered office or reg	<del></del>	m familiar with, and accept	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUFFINO, PATRICIA 11168 NW 18 CT CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruffino, Patricia 1112 Little Harbor Br Scerfield F1 33341	Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUFFINO, LAWERENCE 1168 N.W. 18 COURT CORAL SPRINGS FL 33071	☐ Delete	STREET ADDRESS	Ruffino, Lawerence 1110 Little Harbor Dr Seerfield Fl 33341	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE Name Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

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 an other like impowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP