


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000003996**

1. Entity Name  
**SOUTHSTREAM SEAFOODS, INC.**



Principal Place of Business  
**100 METROCENTER BLVD.  
 WARWICK, RI 02887**

Mailing Address  
**100 METROCENTER BLVD.  
 WARWICK, RI 02887**

**DO NOT WRITE IN THIS SPACE**



08252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**05-0445589**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000575644  
 08/30/06-80003-006 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SODERSTROM, MARK A SOUTH ROAD EAST GREENWICH, RI 02818
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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**  **MARK A SODERSTROM** **8/25/06 (401) 737-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #