2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005263

1. Entity Name
ACME SMOKED FISH CORP.

FILED
Aug 11, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
30 GEM STREET BROOKLYN, NY 11222	30 GEM STREET BROOKLYN, NY 11222

07092008 No Chg-P CR2E034 (11/05)

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4. FEI Number
11-1773080
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARY S DULMAN
430-D-E ANSIN BOULEVARD
HALLANDALE, FL 33009

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	CASLOW, DAVID
STREET ADDRESS	30 GEM STREET
CITY-ST-ZIP	BROOKLYN, NY 11222
TITLE	DP
NAME	CASLOW, ERIC
STREET ADDRESS	30 GEM STREET
CITY-ST-ZIP	BROOKLYN, NY 11222
TITLE	DVP
NAME	CASLOW, ROBERT
STREET ADDRESS	30 GEM STREET
CITY-ST-ZIP	BROOKLYN, NY 11222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000957497
08/11/08-80003-018 150.00

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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: _____ 8/5/08 7183838585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #