2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Nam	nė	# F58671 FISHERIES, IN	IC.					(04-29-2005 90	296 04	2 ***150.0)0
Principal Place of Business 2285 W 76TH STREET HIALEAH, FL 33016			22	iling Address 285 W 76TH STREET ALEAH, FL 33016					****	~~		
Principal P	Place of Busin	ess 66-7717	3. N	Mailing Address O. BOX 66-	-771	7			1161 1175 1471 1861 147 1481 1474 1474 1486 1486 1486 1486 1486 1486 1486 1486 1486 1486 1486 1486 1486			
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.				03082005 Chg-P CR2E034 (10/03)					
City & State MIAMI, FL		M ^G	MTAMT', FL			4. FEI Number 59-2142690			Applied For Not Applicable			
Zip • 33166		Country USA	3 ^z .	3°166	Coun	ury USA		5. Certificate of	of Status Desired		\$8.75 Add	
		and Address of Cur	rrent Regist	ered Agent		Nema		7. Name and	Address of New R	egistered	Agent	
HYMAN, N	MICHAEL L	<u>-</u>				Name						
150 WEST FLAGLER STREET SUITE 2701						Street Ac	ddress (F	P.O. Box Number	r is Not Acceptable	·) ————		
MIAMI, FL		•										
						City				FI	Zip Cod	е
8. The above the obligate SIGNATURE.	tions of regist	ered agent. or printed name of registered	1 agent and title if	f applicable. (NOT	E: Registere	ed Agent signetu	ne required	when reinstating)		DATE		
signature.	tions of regist Signature, typed	· ,	D	9. Election Campa Trust Fund Conf	ign Fina	ncing	\$5.	00 May Be ed to Fees				
SIGNATURE. SIGNATURE. FIL See After M	Signature, typed E NOWIII ay 1, 2009	or printed name of registered FER IS \$150.00 5 Fee will be \$5	D	Election Campa Trust Fund Cont CTORS	ign Final tribution.	ncing	\$5. Adde	00 May Be ed to Fees	CHANGES TO OFFI			
signature. Signature. File	Signature, typed Signature, typed E NOWIII ay 1, 2009 PD SCHWAR 2285 W 76	FER IS \$150.00 FER WII be \$5 OFFICERS	0 550.00	9. Election Campa Trust Fund Conf	11.	ncing	\$5. Adde	00 May Be ed to Fees			ID DIRECTOR:	S IN 11
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12. Thereby certify that the information supplied with this filling does not quality for the exemption state in Section 119.73(f). Florida Statutes. Fromther 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 in changed, or on an attachment within an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADOLF Schwerte

7/25/05 30 Date De

301-553-8/3 Daytime Phone #