469386

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(Requestor's Name)		
(Address)		
(Address)		
(City/St	ate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Docum	nent Number)	
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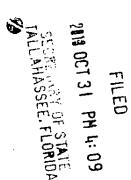
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SUPREME SEAFOOD, INC.

Name of Corporation

DOCUMENT NUMBER, H69386

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

E. Stephen May, FRP/Paralegal

Name of Contact Person

Shapiro Blasi Wasserman & Gora, PA

Firm/Company

7777 Glades Road, Suite 400

Address

Boca Raton, FL 33434

City/State and Zip Code

smay@sbwlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve May

, 561

477-7800

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

* * * FILING FEE: \$35.00 * * *