

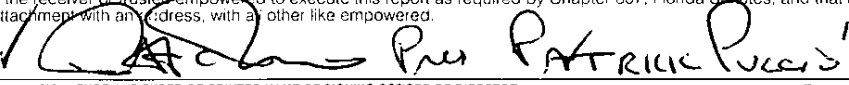


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90042 050 ***150.00

DOCUMENT # K87677 1. Entity Name P & L SEAFOOD, INC.					
Principal Place of Business 9900 STIRLING RD STE 240 COOPER CITY, FL 33024			Mailing Address C/O PATRICK PUCCIO 11240 NW 14TH CT PEMBROKE PINES, FL 33026		
2. Principal Place of Business - No P.O. Box # 10 PATRICK PUCCIO Suite, Apt. #, etc. 11240 NW 14TH CT City & State PEMBROKE PINES, FL Zip 33026		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2947362				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01092008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PUCCIO, PAT 11240 NW 14TH CT PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PUCCIO, PAT 11240 NW 14 CT PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 any other like empowered.					
SIGNATURE:  PATRICK PUCCIO 1-23-08 954 438 6131 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					