


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020566 1. Entity Name EURASIA SEAFOOD, L.L.C.	
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Principal Place of Business ONE S.E. THIRD AVE. SUITE 2250 MIAMI, FL 33131	Mailing Address ONE S.E. THIRD AVE. SUITE 2250 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address	02072005	Chg-LLC	CR2E083 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Zip	Country	Zip	Country	Applied For Not Applicable

6. Name and Address of Current Registered Agent AMKGS REGISTERED AGENTS, INC. 2250 SUNTRUST INTERNATIONAL CENTER ONE S.E. THIRD AVE. MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	
NAME	VANONI DARQUEA, XAVIER	
STREET ADDRESS	ONE S.E. THIRD AVE.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	MGR	
NAME	COGLITORE CASTILLO, SANDRO	
STREET ADDRESS	ONE S.E. THIRD AVE.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	J00000318068		
NAME	04/20/05-80044-013 50.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:  4/4/05 01159342808160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #