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Secretary of State
02-17-2004 90191 001 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008475

1. Entity Name
AQUAHARVEST SEAFOOD L.L.C.

34001818

03032004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
2742 SW 8TH STREET, SUITE 201 MIAMI, FL 33135	2742 SW 8TH STREET, SUITE 201 MIAMI, FL 33135

2. Principal Place of Business	3. Mailing Address
9600 N.W. 25th ST.	P.O. BOX 228343
Suite, Apt. #, etc.: SUITE #5-E	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33172 Country: USA	Zip: 33122 Country: USA

4. FEI Number 13-4243759 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGALADO AND ASSOCIATES, INC. 2742 SW 8TH STREET, SUITE 201 MIAMI, FL 33135	Name: DARIANA SOCORRO Street Address (P.O. Box Number is Not Acceptable): 9691 N.W. 45 Ln City: MIAMI FL Zip Code: 33178

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: Dariana Socorro DARIANA SOCORRO (MANAGER) 03-03-2004
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: SOCORRO, DARIANA R STREET ADDRESS: 9691 NW 45 LANE CITY-ST-ZIP: MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: VERA, LUIS ERNESTO STREET ADDRESS: 9691 NW 45 LANE CITY-ST-ZIP: MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: SISCOMAR, C.A. STREET ADDRESS: 9691 N.W. 45TH LANE CITY-ST-ZIP: MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: Dariana Socorro DARIANA SOCORRO 03/16/2004 (305) 500 9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #