2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90265 008 ****50.00 **DOCUMENT # L05000090966** 1. Entity Name FINFISH SEAFOOD LLC Principal Place of Business Mailing Address 8935 NORTHWEST 121 STREET 8935 NORTHWEST 121 STREET HIAHLEAH GARDENS, FL 33018 HIAHLEAH GARDENS, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-3467 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUNUZ, EREDDY SPIEGEL & C... 1840 SW 22ND ST. SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR NW. 121 STREET MIAMI, FL 33145 is 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 8. The above named entity subthe obligations of register FREDRY MUNO2 SIGNATURE 1 Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR Delete TITLE TITLE ☐ Change ☐ Addition MUNOZ, FREDDY NAME NAME 8935 NORTHWEST 121 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIAHLEAH GARDENS, FL 33018 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-2IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information substited with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is type and account 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 respect or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

NATED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED