


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L51837**

1. Entity Name  
**STRICTLY FISH 'N', INCORPORATED**



Principal Place of Business <b>8373 SW 40 ST          MIAMI, FL 33155</b>	Mailing Address <b>8373 SW 40 ST          MIAMI, FL 33155</b>
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**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-P CR2E034 (11/05)

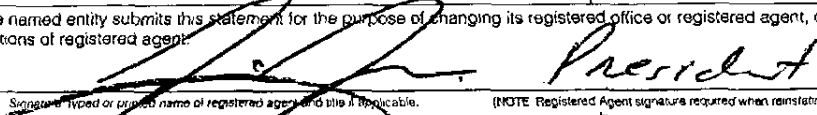
4. FEI Number <b>65-0169912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FIORE, LOUIS  
 8030 SW 18TH TERR  
 MIAMI, FL 33155**

**DO NOT WRITE IN THIS SPACE**

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:  **President** DATE: **1-30-06**

SIGNATURE: Singular typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

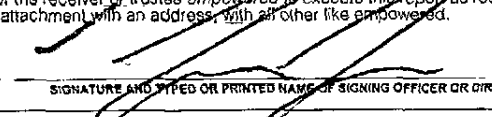
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERNANDEZ, DAVID 8040 SW 18 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIORE, LOUIS 8030 SW 18TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLANUEVA, WILLIAM 1840 SW 87 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/13/06-80065-012 150.00

**DO NOT WRITE IN THIS SPACE**

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 all other like empowered.

SIGNATURE:  DATE: **1-30-06** DAYTIME PHONE #: **365-2275414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR