

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51837

FILED
Feb 04, 2009
Secretary of State

Entity Name: STRICTLY FISH 'N', INCORPORATED

Current Principal Place of Business:

8373 SW 40 ST
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8373 SW 40 ST
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0169912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: FERNANDEZ, DAVID,
Address: 8040 SW 18 TERRACE
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: FIORE, LOUIS,
Address: 8030 SW 18TH TERR
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: VILLANUEVA, WILLIAM
Address: 1840 SW 87 PL
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS FIORE

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date