2003 FOR PROFIT CORPORATION

Feb 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** L69324 DOCUMENT # 1. Entity Name -02-03-2003 90068 018 ***150.00 SMART-PAK SHELLFISH, INC. Principal Place of Business Mailing Address C/O JERRY FELDMAN C/O JERRY FELDMAN 90016132 7240 MIAMI LAKEWAY SOUTH P.O. BOX 5604 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-0196701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent FELDMAN, JERRY Street Address (P.O. Box Number is Not Acceptable) 7240 MIAMI LAKEWAY SOUTH MIAMI LAKES FL 33014 City Zip Code 8. The above hamed 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, SECRETARY-TREASURER TITLE TITLE ☐ Change ☐ Delete Addition PA: Lip R. PRUETT 6500 MAIN ST, #10-108 FELDMAN, JERRY NAME NAME STREET ADDRESS 7240 MIAMI LAKEWAY SOUTH STREET ADDRESS MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 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 attachmer

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED