

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-15-2005 90027 040 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # L69999 1. Entity Name BAHAMA SEAFOOD, INC.					
Principal Place of Business 6707 N.W. 37TH AVENUE MIAMI FL 33147			Mailing Address 6707 N.W. 37TH AVENUE MIAMI FL 33147		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0192085	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PERNAS, ANTONIO 6707 N.W. 37TH AVENUE MIAMI FL 33147			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of registering the corporation in the State of Florida. I am familiar with, and accept the obligations of registration.					
SIGNATURE _____ (NOTE: Registered Agent signature is required when registering)					
FILE NOW!!!!!! After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PERNAS, ANTONIO 6707 NW 37TH AVE MIAMI FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST PERNAS, ANTONIO 6707 NW 37TH AVE MIAMI FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
12. 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 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: X _____ 4/15/05 691 1071 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					