

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M23743**

1. Entity Name

GOULDS PLAZA SEAFOOD, INC.



Principal Place of Business

11615 S.W. 216TH STREET  
GOULDS, FL 33170

Mailing Address

11615 S.W. 216TH STREET  
GOULDS, FL 33170



08232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2606800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, WILFRED  
19750 SW 134TH AVE.  
MIAMI, FL 33197

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000171480  
09/02/04-80003-010 550.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WALKER, DANIEL  
STREET ADDRESS 10915 SW 176 STREET  
CITY-ST-ZIP MIAMI, FL 33157

TITLE VS  
NAME WALKER, LILLIE  
STREET ADDRESS 19750 SW 134 AVE  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Wilfred Walker* WILFRED WALKER 9/27/04 (305) 251-5872