

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # M33970

1. Entity Name  
OCEAN KING DEFONSO SEAFOOD, INC.



FILED  
Apr 14, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
10400 GRIFFIN ROAD  
STE #202  
COOPER CITY, FL 33328 US

Mailing Address  
10400 GRIFFIN ROAD  
STE #202  
COOPER CITY, FL 33328 US



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2757080 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NERSIAN, DILIP  
825 BAYSIDE LN  
FT LAUDERDALE, FL 33326

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 \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000112098  
04/14/04-80009-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NERSIAN, DILIP
STREET ADDRESS	825 BAYSIDE LN
CITY- ST- ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	NERSIAN, RADHA
STREET ADDRESS	825 BAYSIDE LN
CITY- ST- ZIP	FT LAUDERDALE, FL 33326
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: DILIP NERSIAN, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2004

Date

954-680-1555

Daytime Phone #