


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # M33970 1. Entity Name OCEAN KING DEFONSO SEAFOOD, INC.			
Principal Place of Business 10400 GRIFFIN ROAD STE #202 COOPER CITY, FL 33328JS		Mailing Address 10400 GRIFFIN ROAD STE #202 COOPER CITY, FL 33328JS	
DO NOT WRITE IN THIS SPACE		02212005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2757080 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/11/05 954-680-1555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	