2008 FOR PROFIT CORPORATION

FILED Jan 14, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # M44307 "S OCEAN FISHING FORECA	ASTING SERVICE,			01-14-2008 975 7	90090 020) ***150	0.00
C/O MITCHEL 2871 SW 69	ce of Business LL A. ROFFER I CT I 3155-2829 US	Mailing Address C/O MITCHELL A. ROFFE 2871 SW 69 CT MIAMI, FL 33155-2829		4000			0/3// 0/3// 0/3	
60 h	JESTOVER DI	3. Mailing Address GO Wイグ	tover Dr					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		01092008	Chg-P	CR2E03-	4 (12/06)	
City & Stat	Elbourne FL	City & State WHEI how	ne, FL	4. FEI Numbe 65-001				oplied For ot Applicable
3290		32904	Country		of Status Desired	F	8.75 Add ee Require	
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and	Address of New F	legistered Ag	jent	
ROFFER, MITCHELL A. 60 WESTOVER DR MELBOURNE, FL 32904			Street Addres	ss (P.O. Box Numbe	er is Not Acceptable	e)		
			City			FL	Zip Cod	e
	named entity submits this statement for the named entity submits this statement for the name of registered agent.	ne purpose of changing its r	egistered office or regis	stered agent, or bot	h, in the State of Flo	orida. Tam fai	miliar with,	and accept
SIGNATURE_								
J		title il apolicable (NOTE:	Registered Agent signature regu	ured when reinstation)		DATE		
	Signature, typed on printed name of registered agent and		Registered Agent signature requ	ired when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaig	n Financing\$	S5.00 May Be added to Fees		DATE	"	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DI	Election Campaig Trust Fund Contril RECTORS	in Financing \$ bution. A	S5.00 May Be didded to Fees	CHANGES TO OFF	ICERS AND E		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED IN INFECTION DIRECTOR

Date

Daybre Phone #