


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90022 032 \*\*\*\*70.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # N92000000646</b><br>1. Entity Name<br><b>FISHERAMA, INC.</b>  |   |  |  |  |  |
| Principal Place of Business<br><b>8399 NW 30 TERRACE<br/>DORAL, FL 33122 US</b>   |   |  | Mailing Address<br><b>8399 NW 30 TERRACE<br/>DORAL, FL 33122 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  | 01142008 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>65-0401598</b>  |   |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |  |  | <b>\$8.75</b> Additional Fee Required   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>DENNY, JIM<br/>8399 NW 30 TERRACE<br/>DORAL, FL 33122</b>  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | C<br><b>DENNY, JIM<br/>10910 S.W. 136TH CT.<br/>MIAMI, FL 33186</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DIR<br><b>PATTERSON, BOB<br/>2342 W 80 STREET # 1<br/>HIALEAH, FL 33016</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DIR<br><b>DOSAL, ALBERTO<br/>8399 NW 30 TERRACE<br/>DORAL, FL 33122</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PRES<br><b>ARCH, ALLAN<br/>3685 NW 106 STREET<br/>MIAMI, FL 33147</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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 617, 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Alberto Dosal</i> <span style="float: right;">1/22/08</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |   |  |