


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000007853 1. Entity Name FIRST TEE SEAFOODS, INC. |  |
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| Principal Place of Business P.O. BOX 630446 OJUS BRANCH, FL 33163 | Mailing Address P.O. BOX 630446 OJUS BRANCH, FL 33163 |
|--|--|

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0990711 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BLVD., STE. 505 MIAMI, FL 33180 |
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**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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstalling) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | P KROHN, TIMOTHY 6041 SW 17 CT PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP BARNETT, PAUL 1668 DIPLOMAT DR NORTH MIAMI BEACH, FL 33179 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | ST BRESLOW, LYNN 20827 NE 30 CT AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |

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01/16/04-80004-010 150.00

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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.

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|--|---|
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: <u>1/9/04</u> Daytime Phone #: _____ |
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