## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Feb 16, 2007 8:00 am **Secretary of State DOCUMENT # P00000010084** 02-16-2007 90040 025 \*\*\*150.00 1. Entity Name ORE SEAFOOD, INC. Principal Place of Business Mailing Address AUUTJOLA 3910 S. ROOSEVELT BLVD 3910 S. ROOSEVELT BLVD STE 209 SOUTH STE 209 SOUTH KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business - No P.Q. Box 3. Mailing Address UCEANVIEW ANE 264 OCEANUIEW 1264 01092007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number ARATHON MARAHON 65-0977554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired MONROE MONROE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, ORELIA C 3910 S. ROOSEVELT BLVD KEY WEST, FL 33040 City MARATHON 33300 8. The above named entity submits this statement for the purpose of thanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re gistered agent. SIGNATURE (NDTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE NAME GONZALEZ, PEDRO A 1264 OCEANVIEW AVE 3910 S ROOSEVELT BLVD STE 209 STREET ADDRESS STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP CITY-ST-ZIP MARATHON FLA 33050 TITLE TITLE ☐ Defete **C**hange Addition JAMÉ 1264 OCEANTIEN AVE MARATHON PLA 33050 NAME GONZALEZ, ORELIA C NAME 3910 S. ROOSEVELT BLVD STE 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Exercity that the information supplied with this filling 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 precive 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 attag

**FILED**