

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90333 015 ***150.00

DOCUMENT # P01000031885

1. Entity Name
CLIPPER SEAFOOD, INC.



Principal Place of Business
**500 NE 185 STREET
MIAMI, FL 33179**

Mailing Address
**500 NE 185 STREET
MIAMI, FL 33179**

2. Principal Place of Business
3032 NW 72ND AVE

3. Mailing Address
PO BOX 575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
NEW HOLLAND, PA

4. FEI Number
65-1096800

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
17557

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ATENCIO, RODOLFO V
500 NE 185 STREET
MIAMI, FL 33179**

7. Name and Address of New Registered Agent

Name
RODOLFO V. ATENCIO
Street Address (P.O. Box Number is Not Acceptable)
3032 NW 72ND AVE
City
MIAMI FL Zip Code
33122

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

Signature of officer or director of the corporation and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATENCIO, RODOLFO 500 NE 185 STREET MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. ATENCIO, JUDITH 500 NE 185 STREET MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ATENCIO, RODOLFO 3032 NW 72ND AVE MIAMI, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ATENCIO, JUDITH 3032 NW 72ND AVE MIAMI, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-26-04

Date

Daytime Phone #

800-641-4450