2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Aug 07, 2007 08:00 AN Secretary of State

MAMIL FL 3312 US POR DO ROS (37 TOMBALL, TX 77375 US POR DO ROS (37 TOMBALL) TX 77375 US POR TABLE (37 TOMBALL)	DOCUMENT # P01000031885 1. Entity Name CLIPPER SEAFOOD, INC.					Secretary of Stat	
DO NOT WRITE IN THIS SPACE 4. FEI Namber 65-1096800 S. Certificate of Status Desired Set 1096800 S. Certificate Office O	3032 NW 72	ND AVE	PO BOX 637			•	
ATENCIO, RODOLFO V 3032 NW 72ND AVE MIAMI, FL 33122 8. The above named agent of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the diligations. SIGNATURE FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Date 10. OFFICERS AND DIRECTORS 10. OFFICERS 10. OF	D			CE	07302007 4. FEI Numb 65-109	No Chg-P	
SIGNATURE FILE NOW!!! FEE IS \$15.00 Due by September 14, 2007 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME SIRET ADDRESS CITY-ST-2P MIAMI, FL 33122 TITLE NAME SIRET ADDRESS CITY-ST-2P MIAMI, FL 33122 TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS C	3032 NW	RODOLFO V 72ND AVE 33122					
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ITILE P	the obligations of the state of						
TITLE MAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	To a Sound Consults after					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CYTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P ATENCIO, RODOLFO V 3032 NW 72ND AVE MIAMI, FL 33122 ST ATENCIO, JUDITH 3032 NW 72ND AVE	DIRECTORS			U00000771577 08/07/07-80008-010 150 00	
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,				NOT WRITE	
TITLE NAME SIREET ADDRESS CITY - ST- ZIP	STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS						
minimized our fluid solvest on another control of the solvest of t	TITLE NAME SIREET ADDRESS CITY-SI-ZIP	certify that the information supplied wi	th this filing does not qualify for the exist true and accurate and that my signa	emptions contained ture shall have the	d in Chapter 11 same legal effe	9. Florida Statutes. I further certify that the information set as if made under oath, that I am an officer or director	