

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063631

FILED
Jul 06, 2009
Secretary of State

Entity Name: COMPLETE ANGLER FISHING SUPPLIES, INC.

Current Principal Place of Business:

6827 BIRD ROAD
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6535 S.W. 49 STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1123848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONSECA, NELSON D
6535 S.W. 49 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: FONSECA, NELSON D
Address: 6535 SW 49 ST
City-St-Zip: MIAMI, FL 33155

Title: P () Delete
Name: FONSECA, JOSE R
Address: 7601 SW 140 ST
City-St-Zip: MIAMI, FL 33158

Title: VP () Delete
Name: FONSECA, FRANK J
Address: 6535 SW 49 ST
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: FONSECA, DENNIS J
Address: 7900 SW 89 CT
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON D. FONSECA

SVP

07/06/2009

Electronic Signature of Signing Officer or Director

_____ Date