


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90164 012 \*\*\*150.00

DOCUMENT # P02000027582					
1. Entity Name FRESH FISH BETANIA, INC.					
Principal Place of Business 8841 NW 78 ST. #419 TAMARAC, FL 33321			Mailing Address 8841 NW 78 ST. #419 TAMARAC, FL 33321		
2. Principal Place of Business		3. Mailing Address <i>7105 SW 8 ST</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>309</i>			
City & State		City & State <i>MIAMI FL</i>			
Zip	Country	Zip <i>33144</i>	Country	4. FEI Number 01-0626737 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEDINA, FRANCISCO J 8841 NW 78 ST. #419 TAMARAC, FL 33321			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. MEDINA, FRANCISCO J 8841 NW 78 ST. #419 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Francisco Medina</i> 4/28/04 (305) 226-3443 Date Daytime Phone #		