

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-18-2007 90024 049 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | | | | | |
|--|---|---|---|--------------------------------------|--|
| DOCUMENT # P02000027582 | | | | | |
| 1. Entity Name FRESH FISH BETANIA, INC. | | | | | |
| Principal Place of Business 8841 NW 78 ST. #419 TAMARAC, FL 33321 | | | Mailing Address 7105 SW 8TH STREET, #309 MIAMI, FL 33144 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 7105 SW 8 STREET | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 306 | | | |
| City & State | | City & State MIAMI, FLORIDA | | | |
| Zip | Country | Zip 33144 | Country FLORIDA | 05012007 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 01-0626737 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent MEDINA, FRANCISCO J. 8841 NW 78 ST. #419 TAMARAC, FL 33321 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, the registered agent. | | | | | |
| SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing <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 | | | |
| 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 | | | |
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| 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 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, the officer 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: FRANCISCO MEDINA | | | 04.27.07 (305)2263443 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |