
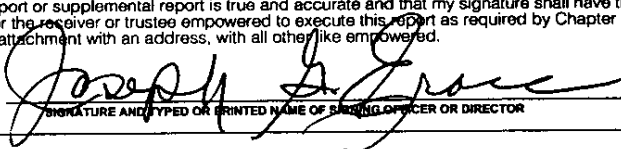


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90095 012 ***150.00

DOCUMENT # P02000029179 1. Entity Name ERACE SEAFOOD & PRODUCE, INC.			
Principal Place of Business 9190 SW 72 STREET MIAMI, FL 33173		Mailing Address 9190 SW 72 STREET MIAMI, FL 33173	
2. Principal Place of Business - No P.O. Box # 101 N. OCEAN DRIVE Suite, Apt. #, etc. SUITE #784 City & State HOLLYWOOD, FL. Zip 33019		3. Mailing Address 101 N. OCEAN DRIVE Suite, Apt. #, etc. SUITE #784 City & State HOLLYWOOD, FL Zip 33019	
4. FEI Number 65-0592573		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGAZINE, JOEL R 9190 SW 72 STREET MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPSV NAME ERACE, JOSEPH G STREET ADDRESS 9190 SW 72 STREET CITY - ST - ZIP MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE Mr. Joseph G. Erace STREET ADDRESS 101 N. Ocean Drive CITY - ST - ZIP Hollywood, FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ERACE, JOSEPH G STREET ADDRESS 9190 SW 72 STREET CITY - ST - ZIP MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE Mr. Joseph G. Erace STREET ADDRESS 101 N. Ocean Drive CITY - ST - ZIP Hollywood, FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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"/> 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"/> Delete	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 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: 		Date: 5-09-07 Daytime Phone #: 954-926-0234	