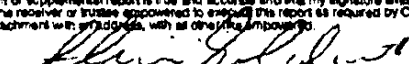


FILED  
Jul 28, 2003 8:00 am  
Secretary of State

06-24-2003 90011 037 \*\*\*150.00

07-28-2003 90146 036 \*\*\*400.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000038455</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |  |
| 1. Entity Name<br><b>CARDENAS SEAFOOD INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                   |
| Principal Place of Business<br><b>2820 THOMAS DRIVE<br/>PANAMA CITY BEACH, FL 32408</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         | Mailing Address<br><b>2820 THOMAS DRIVE<br/>PANAMA CITY BEACH, FL 32408</b>       |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | 3. Mailing Address                                                                |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | Suite, Apt. #, etc.                                                               |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | City & State                                                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country | Zip Country                                                                       |
| 4. FE Number<br><b>03044752</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Applied For<br>(Not Applicable)                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$3.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CARDENAS, THOMAS E II<br/>2820 THOMAS DRIVE<br/>PANAMA CITY BEACH, FL 32408</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | 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 registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                   |
| SIGNATURE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                   |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                   |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 178.07(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 my address, with all other information. |         |                                                                                   |
| SIGNATURE:  4/17/03 87-2267662                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                   |