FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91773 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000041521

1. Entity Name
24/7 SEAFOOD TRANSFER, CORP

11040921

Principal Place of Business	Mailing Address
16115 SW 117 AVENUE SUITE 25 MIAMI, FL 33177	16115 SW 117 AVENUE SUITE 25 MIAMI, FL 33177

2. Principal Place of Business	3. Mailing Address
PO BOX 162028	PO BOX 162028
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33116 Country:	Zip: 33116 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 35-2165584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABERCROMBIE ACCOUNTING SERVICES, CORP
16115 SW 117 AVENUE
SUITE 25
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name: Jerry LEITERMAN
Street Address (P.O. Box Number is Not Acceptable): 12303 SW 104 LN
City: MIAMI FL Zip Code: 33186

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 x [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 LEITERMAN, JERRY M 12301SW 115TH TERRACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12303 SW 104 LN MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: x [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #