

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060504

FILED
Jan 15, 2006
Secretary of State

Entity Name: OXTAIL'S FISH FACTORY, INC.

Current Principal Place of Business:

2835 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2835 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 81-0554792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRITCHMAN, JEROLD H
18164 SE LAUREL LEAF LANE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KRITCHMAN, JEROLD H
Address: 18164 LAUREL LEAF LANE
City-St-Zip: TEQUESTA, FL 33469

Title: VSD () Delete
Name: KRITCHMAN, JAYME A
Address: 5520 OLD MYSTIC COURT
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROLD KRITCHMAN

PRES

01/15/2006

Electronic Signature of Signing Officer or Director

Date