


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90051 011 \*\*\*150.00

**DOCUMENT # P02000073016**

1. Entity Name  
**ORLANDO PREMIUM SEAFOOD, INC.**



Principal Place of Business  
**2622 RIVER RIDGE DR  
 ORLANDO, FL 32825**

Mailing Address  
**2622 RIVER RIDGE DR  
 ORLANDO, FL 32825**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**33-1014064**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HABEYCH, JUAN  
 2622 RIVER RIDGE DR  
 ORLANDO, FL 32825**

**DO NOT WRITE IN THIS SPACE**

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 *Juan Habeych* DATE 01/30/06

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MORENO, LUIS 10552 BASTILLE LN. APT. 304 2622 River Ridge Dr. ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HABEYCH, JUAN 2622 RIVER RIDGE DR ORLANDO, FL 32825
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Juan Habeych* DATE 01/30/06 DAYTIME PHONE # 407-207-8461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR