

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90059 040 ***550.00

DOCUMENT # P02000105224

1. Entity Name
GLOBAL SEAFOOD, INC.



Principal Place of Business
6983 NW 37TH AVE
MIAMI, FL 33147

Mailing Address
6983 NW 37TH AVE
MIAMI, FL 33147

50062561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

14-1849868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, ALAN W
1110 BRICKELL AVENUE
SEVENTH FLOOR
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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 P ☐ Delete
NAME ROSSI, AGOSTINO
STREET ADDRESS ~~16900 NORTH BAY RD #2202~~
CITY-ST-ZIP ~~SUNNY ISLE, FL 33160~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3620 YACHT CLUB DRIVE #501
CITY-ST-ZIP AVENTURA, FL 33180-3552

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: *Agostino Rossi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGOSTINO ROSSI / 8/19/05 305-691-3310

Date

Daytime Phone #