2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 1

SIGNATURE AND TYPED GO

WISTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 06, 2004 8:00 am Secretary of State DOCUMENT # P03000028424 04-01-2004 90002 004 ***150.00 1. Entity Name SOTRA SEAFOODS, INC. Principal Place of Business Mailing Address 66431500 20115 25TH ROAD 20115 25TH ROAD LAKE CITY FL 32024 LAKE CITY FL 32024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 81-*060* Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOULD, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 21015 25TH ROAD LAKE CITY FL 32024 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE Delete TILE ☐ Chance 1011 EIDE 21015 25th Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7,2024 TITLE ☐ Delete FITLE ☐ Change Addition FOLDNES NAME NAME AUDUN 21015 25th RK STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE -Addition NAME NAME OLAV ISAKSCW 25th Nd STREET ADDRESS STREET ADDRESS 11015 CITY-53-78 CITY-ST-7IP SELAGIARY TIBE ☐ Delete TITLE ☐ Change ☐ Addition MIKE GOULD, 25th Rd STREET ADORESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-71P TITLE TITLE D Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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.

FILED

Attachnent Dr. # \$03000028424

Sotra Seafoods Inc. 21015 25th.. Rd. Lake City, Florida 32024

To Whom It may Concern,

Enclosed is a copy of the cancelled check for the Sotra Corporation. Please adjust your records accordingly and contact me if you have any questions.

Michael Gould 386-935-4844

Regards

Michael Gould

BOX4 & Signature

L Bank of America

Bank of America

7/6/04 10:47 PAGE RightFAX

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54024847 SOTRA SEAFOODS, INC. 386-935-4844 1029 LAKE CITY, FL 32024-2336 ACH R.T 063100277

Capture Date: 20040405 Sequence #: 6640290400

Attachment 66431500

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 16, 2004

SOTRA SEAFOODS, INC. 20115 25TH ROAD LAKE CITY, FL 32024

SUBJECT: SOTRA SEAFOODS, INC. Ref. Number: P03000028424

Thank you for your correspondence of July 6, 2004, which has been forwarded to me for response.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

An officer or director must sign the report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker

Document Specialist

Letter Number: 504A00045338