04/29/2004 17:06 5613917793 ANGEL LANA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91240 007 ***150.00

DOCUMENT # P03000045136

1. Entity Name
BLUENOSE SEAFOOD, INC.

Principal Place of Business	Mailing Address
1101 SOUTH DIXIE HIGHWAY WEST POMPANO BEACH, FL 33060	1101 SOUTH DIXIE HIGHWAY WEST POMPANO BEACH, FL 33060

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2050 ALTA MEADOWS LANE	2050 ALTA MEADOWS LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH FL
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number 11-3686580 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNARE, ANDY L
1101 SOUTH DIXIE HIGHWAY WEST
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name SCHNARE, ANDY L.
Street Address (P.O. Box Number Is Not Acceptable)
2050 ALTA MEADOWS LANE
City DELRAY BEACH FL Zip Code 33444

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] ANDY L. SCHNARE 04-29-04
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, 2004 Fee will be $550.00

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	D SCHNARE, ANDY L 1101 SOUTH DIXIE HIGHWAY WEST POMPANO BEACH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P SCHNARE, ANDY L. 2050 ALTA MEADOWS LANE DELRAY BEACH FL 33444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] ANDY L. SCHNARE 04-29-04 954-593-8196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #