


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90034 033 \*\*\*150.00

<b>DOCUMENT # P03000062821</b>	
<b>1. Entity Name</b> US SEAFOOD CORP.	

<b>Principal Place of Business</b> 3169 WEST 68 PLACE HIALEAH FL 33018	<b>Mailing Address</b> 3169 WEST 68 PLACE HIALEAH FL 33018
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MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b> 7555 NW 63 Street Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7555 NW 63 Street Suite, Apt. #, etc.
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<b>City &amp; State</b> Miami, FL	<b>City &amp; State</b> Miami, FL
<b>Zip</b> 33166	<b>Country</b> U.S.A.
<b>Zip</b> 33166	<b>Country</b> USA

<b>4. FEI Number</b> 412104092	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> CASTILLO, LUIS A 3169 WEST 68 PLACE HIALEAH FL 33018
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<b>7. Name and Address of New Registered Agent</b> Name: Maria Eugenia Rincon-Perez Street Address (P.O. Box Number is Not Acceptable): 5590 NW 107 Av. # 1110 City: Miami FL Zip Code: 33178
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<b>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.</b>	
<b>SIGNATURE</b> <i>Maria Eugenia Rincon-Perez</i> Signature, type or printed name of registered agent and title if applicable.	<b>Accounting</b> <i>03-30-04</i> (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> CASTILLO, LUIS A 3169 WEST 68 PLACE HIALEAH FL 33018 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> CASTILLO, GIZELA R 3169 WEST 68 PLACE HIALEAH FL 33018 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Accounting</b> Maria Eugenia Rincon-Perez 5590 NW 107 Av. # 1110 Miami, FL. 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>	
<b>SIGNATURE:</b> <i>Maria E. Rincon-Perez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>03/30/04</b> <b>305-5142838</b> Date Daytime Phone #