

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000085154

**FILED  
Apr 22, 2005  
Secretary of State**

**Entity Name:** NATURE'S HARVEST SEAFOOD INC

**Current Principal Place of Business:**

540 BRICKELL KEY DR.  
317  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 832137  
MIAMI, FL 332832137 US

**New Mailing Address:**

7730 SW 68 TR  
MIAMI, FL 33143 US

**FEI Number:** 90-0155362      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMPLETE CORPORATE SERVICES, INC.  
7730 SW 68 TR  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP,D (X) Delete  
Name: ALARCON, ALBERTO  
Address: 540 BRICKELL KEY DR. #317  
City-St-Zip: MIAMI, FL 33131 US

Title: P,D ( ) Delete  
Name: ALARCON, JOHN  
Address: 540 BRICKELL KEY DR. #317  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ALARCON

P

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date