

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091174

Entity Name: NATUREPURE FISHERIES, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

1300 SW 10TH STREET  
#A1  
DERLAY BEACH, FL 33444

## New Principal Place of Business:

## Current Mailing Address:

1300 SW 10TH STREET  
#A1  
DERLAY BEACH, FL 33444

## New Mailing Address:

FEI Number: 20-1096912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TIM MORELL, ESQ  
1933 TOM-A-TOE ROAD  
BOYNTON BEACH, FL 33462      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: P ( ) Delete  
Name: CIAMBRONE, MARILYN  
Address: 1300 SW 10TH STREET #A1  
City-St-Zip: DELRAY BEACH, FL 33444

Title: V ( ) Delete  
Name: CIAMBRONE, MARILYN  
Address: 1300 SW 10TH STREET #A1  
City-St-Zip: DELRAY BEACH, FL 33444

Title: S ( ) Delete  
Name: CIAMBRONE, MARILYN  
Address: 1300 SW 10TH STREET #A1  
City-St-Zip: DELRAY BEACH, FL 33444

Title: T ( ) Delete  
Name: CIAMBRONE, MARILYN  
Address: 1300 SW 10TH STREET #A1  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, 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: MARILYN CIAMBRONE

PRES

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date