03-01-2004 90056 040 ***150.00
P03000146935

FILED

04 APR 16 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146935

1. Entity Name
SEAFOOD CENTER, INC.

Principal Place of Business	Mailing Address
145 SANDY PINE CT. WELLINGTON, FL 33414	145 SANDY PINE CT. WELLINGTON, FL 33414

02092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
102 North Dixie Hwy	102 North Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake WorTh, FL	City & State: Lake WorTh, FL
Zip: 33460 Country: U-S-A	Zip: 33460 Country: U-S-A

4. FEI Number 83-0378418 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAHIN, JEFF 145 SANDY PINE CT. WELLINGTON, FL 33414	Name Street Address (P.O. Box Number is Not Acceptable) 102 NorTh Dixie Hwy City Lake WorTh FL Zip Code 33460

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 ____
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	☐ Delete	TITLE: PD NAME: Jay M. MolBogoT STREET ADDRESS: 102 N. Dixie Hwy CITY-ST-ZIP: Lake WorTh, FL 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VTSD NAME: Jeff ShahiN STREET ADDRESS: 102 N. Dixie Hwy CITY-ST-ZIP: Lake WorTh, FL 33460	☐ 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
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

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: [signature], VP Jeff ShahiN 2-27-04 561-333-7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #