2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 🚄

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P04000055780 04-12-2006 90089 047 ***150.00 AMERICA'S BRAVEST COMMERCIAL FISHING, INC. Principal Place of Business Mailing Address PO BOX 1612 KEY LARGO FL 33037 1201 CALDER ROAD KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business 1201 CALDER ROAD Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State 4. FEI Number 54-2148440 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 6 Zip Code FL 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 pointing name of recontered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD CAUAGNARO MICHAEL F. SR. Delete Change THLE PD: TITLE Addition NAME CAVAGNARO, MICHAEL F JR NAME 1201 CALLER Rd. STREET ADDRESS STREET ADORESS 1201 CALDER ROAD KEYLHAGO, FL. 33037 CHY-ST-7IP KEY LARGO FL 33037 CITY-ST-ZIP Change VD Delete Addition TITLE TITLE VO CAURGNARO MILHAELF, SR. 1201 CALDER Rd. KEY LARGO, FL. 33037 NAME CAVAGNARO, ANTHONY P NAME STREET ADDRESS 1201 CALDER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Delete STD Addition HAME NAME CAVAGNARO, MICHAEL F SR. STREET ADDRESS 1201 CALDER ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 life empowered.

FILED

4-6-06 305-451-1062

Date Davien Phone #