


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-20-2005 90027 034 ***150.00

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| DOCUMENT # P04000082540 | |  | |
| 1. Entity Name MYSTRO SEAFOOD & DELIVERY, INC. | | | |
| Principal Place of Business 2840 NW 171 TER MIAMI, FL 33056 | | Mailing Address 2840 NW 171 TER MIAMI, FL 33056 | |
| 2. Principal Place of Business 2840 NW 171 TER Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Miami FL | | City & State FL | |
| Zip 33056 | | Country USA | |
| 4. FEI Number 14-1907316 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FOUST, BARBARA 3401 NW 202 ST MIAMI GARDENS, FL 33058-1722 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DP CLARKE-WILSON, MORAN 2840 NW 171 TER MIAMI, FL 33056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CLARKE-WILSON, VIVIANNE 2840 NW 171 TER MIAMI, FL 33056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Vivienne Clarke-Wilson</i> | | Date: 7-13-05 (954 655-8483) | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

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07172005 Chg-P CR2E034 (10/03)