2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 01, 2007 08:00 AM **DOCUMENT # P04000082540 Secretary of State** MYSTRO SEAFOOD & DELIVERY, INC. Principal Place of Business Mailing Address 2840 NW 171 TER 2840 NW 171 TER MIAMI GARDENS, FL 33056 MIAMI GARDENS, FL 33056 01272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1907316 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOUST, BARBARA DO NOT WRITE 3401 NW 202 ST MIAMI GARDENS, FL 33056-1722 IN THIS SPACE *. 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 argnature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE CLARKE-WILSON, MORAN NAME 2840 NW 171 TER STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33058 D٧ nne HAME CLARKE-WILSON, VIVIENNE U00000616763 02/07/07-80043-002 150.00 STREET ADDRESS 2840 NW 171 TER MIAMI, FL 33058 CITY-ST-ZIP TILE NAME STREET ADDRESS. DO NOT WRITE CITY-ST-ZIP TILLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE MAKE STREET ADDRESS CXTY-ST-ZIP MILE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE:

HASEF STREET ADDRESS

Davrime Phone 6