


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000096396		
1. Entity Name C.O.D. SEAFOOD & GRILL CORP.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 11:14

Principal Place of Business 2204 S.W. 126 AVE MIRAMAR, FL 33027	Mailing Address 2204 S.W. 126 AVE MIRAMAR, FL 33027
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2. Principal Place of Business - No P.O. Box # 5881 N.W. 37 Avenue Suite, Apt. #, etc.	3. Mailing Address 5435 S.W. 129 Avenue Suite, Apt. #, etc.
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09122007 Chg-P CR2E034 (12/06)

City & State Miami Florida	City & State Miramar Florida	4. FEI Number 57-1207528	Applied For Not Applicable
Zip 33142	Country U.S.A.	Zip 33027	Country U.S.A.

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

6. Name and Address of Current Registered Agent GARLOVO, ANTONIO 5435 SW 129 AVE. MIRAMAR, FL 33027	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARLOVO, ANTONIO 5435 SW 129 AVE. MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800109695456 09/20/07--01019--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/07 (305) 634-7355
Date Daytime Phone #