## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 19, 2008 8:00 am Secretary of State DOCUMENT # P04000096396 05-19-2008 90032 031 \*\*\*150.00 1. Entity Name C.O.D. SEAFOOD & GRILL CORP. Principal Place of Business Mailing Address 5881 N.W. 37 AVENUE 5435 S.W. 129 AVENUE MIAMI, FL 33142 US MIRAMAR, FL 33027 04252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 57-1207528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GARLOVO, ANTONIO DO NOT WRITE 5435 SW 129 AVE. MIRAMAR, FL 33027 IN THIS SPACE 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 wrinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DP GARLOVO, ANTONIO NAME STREET ADDRESS 5435 SW 129 AVE. CITY-ST-ZIP MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS CITY+ST-7IP ΤΙΤΙĚ NAME STREET ADDRESS DO NOT WRITE CITY- ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE

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 receive 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:** 

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**