


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-03-2005 90128 021 ***150.00

DOCUMENT # P04000140960					
1. Entity Name TSUNAMI SEAFOOD CORP.					
Principal Place of Business 9256 COLLINS AVENUE, NUMBER 2 SURFSIDE FL 33154			Mailing Address 9256 COLLINS AVENUE, NUMBER 2 SURFSIDE FL 33154		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3728782	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI FL 33145				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 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONEBRAKER, DANIEL K		NAME		
STREET ADDRESS	9256 COLLINS AVENUE, NUMBER 2		STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	V-PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEWELL, ROBERT G		NAME	SEWELL, ROBERT G	
STREET ADDRESS	9256 COLLINS AVENUE, NUMBER 2		STREET ADDRESS	829 S. 1st St #C1	
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP	Jacksonville Bldg FL 32250	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			28 APR 2005 904.247.3446 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					