

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000003686

1. Entity Name
PACIFIC SEAFOOD CORPORATION



Principal Place of Business
2050 NW 95 AVENUE
MIAMI, FL 33172

Mailing Address
2050 NW 95 AVENUE
MIAMI, FL 33172

2. Principal Place of Business
9884 NW 123 ST
Suite, Apt. #, etc.
Hialeah Gardens
33018 USA

3. Mailing Address
9884 NW 123 ST.
Suite, Apt. #, etc.
FL 33018
33018 USA

08032006 Chg-P CR2E034 (11/05)

FILED
06 AUG -4 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAFULS, DRINA
8185 NW 187TH TERRACE
MIAMI LAKES, FL 33015

Address Change
Only

Name
Street Address (P.O. Box Number is Not Acceptable)
9884 NW 123 ST.
City: Hialeah Gardens FL Zip Code: 33018

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

Drina Rafuls

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

TITLE: PD
NAME: ESCUDERO, MARIO
STREET ADDRESS: 2050 NW 95 AVENUE
CITY-ST-ZIP: MIAMI, FL 33172

TITLE: VD
NAME: RAFULS, DRINA
STREET ADDRESS: 2050 NW 95 AVENUE
CITY-ST-ZIP: MIAMI, FL 33172

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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: *Drina Rafuls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel AUG 07 2006