


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90464 001 ***158.75

DOCUMENT # P05000009210
1. Entity Name
ARLINE'S SEAFOOD RESTAURANT, INC.



Principal Place of Business 2750 NW 167TH STREET SUITE B-3 MIAMI GARDENS, FL 33055	Mailing Address 2750 NW 167TH STREET SUITE B-3 MIAMI GARDENS, FL 33055
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2197467	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, PRANCETTA
2750 NW 167TH STREET
SUITE B-3
MIAMI GARDENS, FL 33055

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, PRANCETTA 3850 NW 197TH STREET OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WASHINGTON, RAWN 3850 NW 197TH STREET OPA LOCKA, FL 33055
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IN THIS SPACE**

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: *Prancetta Washington* **Prancetta Washington** *4/17/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #