


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 004 ***160.00

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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2. Principal Place of Business - No P.O. Box # 2770 NW 167th St.	3. Mailing Address 2770 NW 167th St.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Opa Locka, FL.	City & State Opa Locka, FL.
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Zip 33056	Country US.	Zip 33056	Country US.
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02182008	Chg-P CR2E034 (12/06)
4. FEI Number 20-2197467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Washington, Prancetta Street Address (P.O. Box Number is Not Acceptable) 2770 NW 167th St. City Opa Locka FL Zip Code 33056
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, PRANCETTA 3850 NW 197TH STREET OPA LOCKA, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WASHINGTON, RAWN 3850 NW 197TH STREET OPA LOCKA, FL 33055 <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: 	Prancetta Washington 1/18/08 (305) 218-2601
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	