2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000075356

1. Entity Name
SOUTH SEAFOOD CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 12 PM 1:56

Principal Place of Business	Mailing Address
258 SW 28 ROAD MIAMI, FL 33129	258 SW 28 ROAD MIAMI FL 33129

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 5445 Collins Ave #431	Suite, Apt. #, etc. 5445 Collins Av. # 431
City & State Miami Beach, FL.	City & State Miami Beach, FL
Zip 33140	Zip 33140
Country	Country

05092008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2895919
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALFONSO, LAZARO 258 SW 28 ROAD MIAMI8, FL 33129	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALFONSO, LAZARO 258 SW 28 ROAD MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5445 Collins Ave. # 431 Miami Beach, FL, 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAUGEN, SOFUS 258 SW 28 ROAD MIAMI, FL 33129	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700129033197 05/12/08--01008--020 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5/12/08

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #