

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90055 041 ***150.00

DOCUMENT # P05000091640 1. Entity Name BLUE FIN TUNA COMPANY	
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Principal Place of Business 2265 WEST 9 AVE SUITE #3 HIALEAH, FL 33010	Mailing Address PO BOX 823835 PEMBROKE PINES, FL 33082
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIAZ, ARELIS
9360 SW 72 STREET SUITE 232
MIAMI, FL 33173**

**DO NOT WRITE
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.

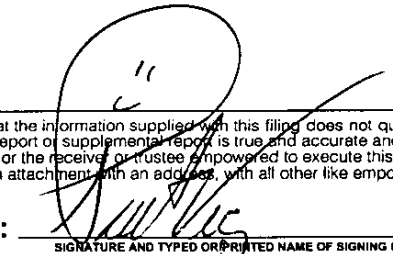
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOLINA, MARCO T PO BOX 823835 PEMBROKE PINES, FL 33082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, T VEGA, OSCAR A PO BOX 823835 PEMBROKE PINES, FL 33082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 of 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 SIGNING OFFICER OR DIRECTOR**
Date **02/01/09** Daytime Phone # **7/229-1033**