

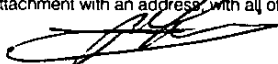


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90014 028 ***150.00

DOCUMENT # P06000010616 1. Entity Name TUTO'S SEAFOOD, CORP.					
Principal Place of Business 814 85 ST APT #5 MIAMI BEACH, FL 33141			Mailing Address 814 85 ST APT #5 MIAMI BEACH, FL 33141		
2. Principal Place of Business - No P.O. Box # 7531 GARY AVENUE #3 Suite, Apt. #, etc.		3. Mailing Address 7531 GARY AVENUE #3 Suite, Apt. #, etc.			
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA		4. FEI Number 20-4180493	
Zip 33141		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIMA, JOSE M 814 85 ST APT #5 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name LIMA, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 7531 GARY AVENUE #3 City MIAMI BEACH FL Zip Code 33141	
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  JOSE M. LIMA 04-14-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIMA, JOSE M <input type="checkbox"/> Delete 814 85 ST APT #5 MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIMA, JOSE M. 7531 GARY AVENUE #3 MIAMI BEACH, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete SALGADO, OSWALDO 814 85 ST APT #5 MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete LIMA, ARELIS 814 85 ST APT #5 MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIMA, ARELIS M. 7531 GARY AVENUE #3 MIAMI BEACH, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-14-07 <small>Date</small>		
<small>Daytime Phone #</small>					