

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000010616

1. Entity Name
TUTO'S SEAFOOD, CORP.



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

04-24-2007 90014 028 ***150.00

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 CARY AVENUE #3

3. Mailing Address
7531 CARY AVENUE #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FLORIDA

City & State
MIAMI BEACH, FLORIDA

Zip
33141

Country
USA

Zip
33141

Country
USA

4. FEI Number
20-4180493

Applied For
Not Applicable

5. Certificate of Status Desired **\$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 CARY 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

Signature, typed or printed name of registered agent and title if applicable

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
NAME **LIMA, JOSE M**
STREET ADDRESS **814 85 ST APT #5**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

Delete

TITLE **DP**
NAME **LIMA, JOSE M.**
STREET ADDRESS **7531 CARY AVENUE #3**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

Change

Addition

TITLE **V**
NAME **SALGADO, OSWALDO**
STREET ADDRESS **814 85 ST APT #5**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

Delete

TITLE **V**
NAME **SALGADO, OSWALDO**
STREET ADDRESS **814 85 ST APT #5**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

Change

Addition

TITLE **DS**
NAME **LIMA, ARELIS**
STREET ADDRESS **814 85 ST APT #5**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

Delete

TITLE **DS**
NAME **LIMA, ARELIS M.**
STREET ADDRESS **7531 CARY AVENUE #3**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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

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

04-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #