

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-16-2007 90040 024 ***150.00

DOCUMENT # P06000016848					
1. Entity Name ORE SEAFOOD OF MARATHON, INC.					
Principal Place of Business P.O. BOX 2984 KEY WEST, FL 33045 US			Mailing Address P.O. BOX 2984 KEY WEST, FL 33045 US		
2. Principal Place of Business - No P.O. Box # 1264 OCEANVIEW AVE		3. Mailing Address 1264 OCEANVIEW AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MARATHON FLA		City & State MARATHON FLA		4. FEI Number 20-4267530	
Country MONROE		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, MARIA R 1928 SW 101 AVENUE DAVIE, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 re-issuing) _____ DATE: _____					
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 P NAME GONZALEZ, PEDRO STREET ADDRESS P.O. BOX 2984 CITY-ST-ZIP KEY WEST, FL 33045	<input type="checkbox"/> Delete		TITLE SAME NAME 1264 OCEANVIEW AVE STREET ADDRESS MARATHON FLA 33050 CITY-ST-ZIP MARATHON FLA 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP/S NAME GONZALEZ, ORELIA STREET ADDRESS P.O. BOX 2984 CITY-ST-ZIP KEY WEST, FL 33045	<input type="checkbox"/> Delete		TITLE SAME NAME 1264 OCEANVIEW AVE STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP MARATHON FL 33050	<input checked="" 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	
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: <i>Orelia C. Gonzalez</i> 1/29/07 305-743-2255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					