

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

03-28-2007 90018 029 ***150.00

DOCUMENT # P06000130757 1. Entity Name ABC SEAFOOD DISTRIBUTORS INC.																																	
Principal Place of Business 10205 SW 144 CT MIAMI FL 33186				Mailing Address 10205 SW 144 CT MIAMI FL 33186																													
2. Principal Place of Business - No P.O. Box # 10205 SW 144 CT Suite, Apt. #, etc. Miami Florida		3. Mailing Address SAME Suite, Apt. #, etc.																															
City & State 33186		City & State		4. FEI Number 86-1175568																													
Zip 33186		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent RODRIGUEZ, VICTOR M 10205 SW 144 CT MIAMI FL 33186				7. Name and Address of New Registered Agent 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 <u><i>Victor M. Rodriguez</i></u> DATE <u>3/6/07</u> Signature, typed or printed name of registered agent and date - applicable. (NOTE: Registered Agent signature required when reinstating)																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, VICTOR M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10205 SW 144 CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33186</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	RODRIGUEZ, VICTOR M		STREET ADDRESS	10205 SW 144 CT		CITY - ST - ZIP	MIAMI FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 20%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME				STREET ADDRESS				CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																																	
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