2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 08:00 AN Secretary of State DOCUMENT # P07000089234 1. Entity Name BLUÉ OCEAN SEAFOOD, INC. Principal Place of Business Mailing Address 6060 SOUTH FALLS CIRCLE DRIVE #402 6060 SOUTH FALLS CIRCLE DRIVE #402 LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02052008 Cha-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE ☐ Change ☐ Addition LIN, ZHANG ZHU NAME NAME U000000821907 STREET ADDRESS 6060 SOUTH FALLS CIRCLE DRIVE #402 STREET ADDRESS 02/19/08-80045-025 150.00 CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition HO, WAN TO NAME STREET ADDRESS 6060 SOUTH FALLS CIRCLE DRIVE #402 STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition TONG, WONG MOON NAME STREET ADDRESS 6060 SOUTH FALLS CIRCLE DRIVE #402 STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition WONG, TONG MOON NAME NAME STREET ADDRESS 6060 SOUTH FALLS CIRCLE DRIVE #402 STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-7IP Delete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 allyother like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-08

954-682-8838

Daytima Phone #