

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107267

Entity Name: F & M SEAFOOD, INC.

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

6631 ATLANTA STREET  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

6631 ATLANTA STREET  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number: 26-1146315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH K. NOFIL, P.A.  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: SKLAR, MELVIN  
Address: 6631 ATLANTA STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: DVS ( ) Delete  
Name: SKLAR, FLORENCE  
Address: 6631 ATLANTA STREET  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: SKLAR, MELVYN  
Address: 6631 ATLANTA STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVYN SKLAR

DPT

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date