



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90064 013 ***150.00

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|---|---|---|---|---|--|
| DOCUMENT # P93000008203 1. Entity Name LAMAR SEAFOOD CORPORATION | | | |  | |
| Principal Place of Business 10545 NW 29 TERRACE MIAMI, FL 33172 | | | Mailing Address 10545 NW 29 TERRACE MIAMI, FL 33172 | | |
| 2. Principal Place of Business - No P.O. Box # 2853 Executive Park Dr. | | 3. Mailing Address 2853 Executive Park Dr. | |  | |
| Suite, Apt. #, etc. #202 | | Suite, Apt. #, etc. #202 | | 02202007 Chg-P CR2E034 (12/06) | |
| City & State Weston, FL | | City & State Weston, FL | | 4. FEI Number 65-0387998 | |
| Zip 33331 | | Zip 33331 | | Country USA | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQUIRE 201 ALHAMBRA CIRCLE STE. #502 CORAL GABLES, FL 33134 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | P RINCON, JOSE ENRIQUE 10545 NW 29 TERRACE MIAMI, FL 33172 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Rincon, Jose Enrique 2853 Executive Park Dr #202 Weston, FL 33331 | <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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> 2/20/07 954-389-8720 </div> <small>Date Daytime Phone #</small> | | |