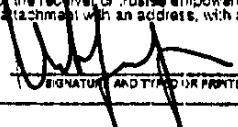


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000068981																																																			
1. Entity Name NEPTUNE FISH MARKET, INC.																																																			
Principal Place of Business 531 NO. DIXIE HWY. LAKE WORTH, FL 33460 US		Mailing Address 531 NO. DIXIE HWY. LAKE WORTH, FL 33460 US																																																	
DO NOT WRITE IN THIS SPACE		04302007 No Chg-P CR2E034 (11/05)																																																	
		4. FEI Number 65-0435599 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																	
5. Name and Address of Current Registered Agent GIAMPORCARO, VINCENT 5597 DESCARTES CIR BOYNTON BEACH, FL 33437		DO NOT WRITE IN THIS SPACE																																																	
11. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DP</td> </tr> <tr> <td>NAME</td> <td>GIAMPORCARO, VINCENT</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5597 DESCARTES CIR</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> </tr> <tr> <td>TITLE</td> <td>DVS</td> </tr> <tr> <td>NAME</td> <td>GIAMPORCARO, THERESA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5597 DESCARTES CIR</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> </tr> <tr> <td>TITLE</td> <td>T</td> </tr> <tr> <td>NAME</td> <td>GIAMPORCARO, JOSEPHINE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5597 DESCARTES CIR</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> </tr> <tr> <td>TITLE</td> <td>S</td> </tr> <tr> <td>NAME</td> <td>GIAMPORCARO, CONCETTA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5597 DESCARTES CIR</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>		TITLE	DP	NAME	GIAMPORCARO, VINCENT	STREET ADDRESS	5597 DESCARTES CIR	CITY-STATE-ZIP	BOYNTON BEACH, FL 33437	TITLE	DVS	NAME	GIAMPORCARO, THERESA	STREET ADDRESS	5597 DESCARTES CIR	CITY-STATE-ZIP	BOYNTON BEACH, FL 33437	TITLE	T	NAME	GIAMPORCARO, JOSEPHINE	STREET ADDRESS	5597 DESCARTES CIR	CITY-STATE-ZIP	BOYNTON BEACH, FL 33437	TITLE	S	NAME	GIAMPORCARO, CONCETTA	STREET ADDRESS	5597 DESCARTES CIR	CITY-STATE-ZIP	BOYNTON BEACH, FL 33437	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		U000000754001 05/22/07-80043-012 150.00 DO NOT WRITE IN THIS SPACE	
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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: 		VINCENT GIAMPORCARO (PRES.) 4-29-07																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																																	