

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000041958**

1. Entity Name  
**CASABLANCA FISH MARKET, INC.**



Principal Place of Business  
**404 N.W. NORTH RIVER DRIVE  
MIAMI, FL 33128**

Mailing Address  
**404 N.W. NORTH RIVER DRIVE  
MIAMI, FL 33128**



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0499815**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SANCHEZ, LAZARO JR.  
404 N.W. NORTH RIVER DRIVE  
MIAMI, FL 33128**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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**

TITLE	D
NAME	SANCHEZ, LAZARO JR.
STREET ADDRESS	404 N.W. NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33128

TITLE	D
NAME	SANCHEZ, JORGE LUIS
STREET ADDRESS	404 N.W. NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33128

TITLE	S
NAME	SANCHEZ, MARIBEL
STREET ADDRESS	404 N.W. NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33128

TITLE	T
NAME	SANCHEZ, TANIA
STREET ADDRESS	404 N.W. NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33128

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-17 (345) 371-4107  
Date Daytime Phone #