## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 10, 2005 8:00 am Secretary of State DOCUMENT # P95000077238 1. Entity Name 03-10-2005 90135 024 \*\*\*150.00 KEYSTONE INTERNATIONAL SEAFOODS, INC. Principal Place of Business Mailing Address 8320 E DIXIE HWY 7100 BISCAYNE BLVD MIAMI FL 33138 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address 2977 W. BrowArd Suite, Apt. #, etc. CR2E034 (10/04) City & State 4. FEI Number Applied For 65-0613216 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Debra SINNett SINNETT, DEBRA A Street Address (P.O. Box Number is Not Acceptable) 8320 E, DIXIE HWY **MIAMI FL 33135** 361 NW 35 Court Park Oakland 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 the obligations of registered agent. Signature, typed or printed name of registered agent and little if a (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PresideNT, Trea. SINNETT DEBRA A. TITLE Delete TITLE Change SINNETT, DEBRA A SINNett, NAME NAME 7100 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS W. BrOWAYD BIVD. Ft. LAUDERDALE, FL CITY-ST: 7/P MIAMI FL 331381 CITY-ST-ZIP 33312 Vice President, Sec. WONG, P. A. 2977 W. Broward BIND. Change Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. LAuderdale, F 33312 TITLE Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP TATLE ☐ Delete THRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appowered.

FILED