

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90491 002 ***150.00

DOCUMENT # P97000043597

1. Entity Name
PALERMO SEAFOOD, INC.



Principal Place of Business

10 S.W. 45TH AVENUE
APT 25
MIAMI, FL 33134

Mailing Address

10 S.W. 45TH AVENUE
APT 25
MIAMI, FL 33134

94063449



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0755580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, RICARDO A
10 S.W. 45TH AVENUE
APT 25
MIAMI, FL 33134

**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 restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
GONZALEZ, RICARDO A
10 S.W. 45TH AVENUE
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ZIEGGENHIRT, JUAN F
5445 COLLINS AVENUES
MIAMI, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HIDALGO, EVA
3757 W. FLAGLER ST.
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN F. ZIEGGENHIRT

Date

4/13/04

Daytime Phone #

305 446-4040