


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90275 023 \*\*\*158.75

<b>DOCUMENT #P97000048824</b>											
<b>1. Entity Name</b> BLUE HORIZONS SEAFOOD, INC.											
<b>Principal Place of Business</b> 420 S DIXIE HWY, SUITE 2-K CORAL GABLES, FL 33146			<b>Mailing Address</b> 420 S DIXIE HWY, SUITE 2-K CORAL GABLES, FL 33146								
<b>2. Principal Place of Business</b> 3032 NW 72 <sup>nd</sup> Ave		<b>3. Mailing Address</b> 822 Jeronimo Dr									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
<b>City &amp; State</b> Miami, FLA		<b>City &amp; State</b> Coral Gables, FLA		<b>4. FEI Number</b> 65-0771742							
<b>Zip</b> 33122		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  SOTO, ESTEBAN 420 S DIXIE HWY, SUITE 2-K CORAL GABLES, FL 33146		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name SOTO, ESTEBAN</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 822 Jeronimo Dr</td> </tr> <tr> <td style="padding: 2px;">City Coral Gables</td> <td style="padding: 2px;">FL Zip Code 33146</td> </tr> </table>				Name SOTO, ESTEBAN		Street Address (P.O. Box Number is Not Acceptable) 822 Jeronimo Dr		City Coral Gables	FL Zip Code 33146
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Street Address (P.O. Box Number is Not Acceptable) 822 Jeronimo Dr											
City Coral Gables	FL Zip Code 33146										
<b>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.</b>  SIGNATURE: <u>Esteban Soto</u> DATE: <u>03-16-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, ESTEBAN 3128 COCONUT GROVE DRIVE CORAL GABLES, FL 33142	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOTO, NICHOLAS 3128 COCONUT GROVE DRIVE CORAL GABLES, FL 33142	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>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.</b>											
<b>SIGNATURE:</b> <u>Esteban Soto</u>		03-16-06		305 592-6767							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>							

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