

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000076981

**1. Entity Name
AMERICAN SMOKED FISH COMPANY**

**Principal Place of Business
1400 S.W. 1ST COURT
POMPAÑO BEACH, FL 33069 US**

**Mailing Address
1400 S.W. 1ST COURT
POMPAÑO BEACH, FL 33069 US**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0780725**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**BOLTON, RICHARD A ESQ.
1011 IVES DAIRY ROAD
SUITE 210
NORTH MIAMI BEACH, FL 33179**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME MARKMAN, STANLEY
STREET ADDRESS 1400 SW 1ST CT.
CITY-ST-ZIP POMPAÑO BEACH, FL 33069**

**TITLE VD
NAME PFEFFER, STANLEY
STREET ADDRESS 1400 SW 1ST CT.
CITY-ST-ZIP POMPAÑO BEACH, FL 33069**

**TITLE TD
NAME MARKMAN, CRAIG
STREET ADDRESS 1400 SW 1ST CT.
CITY-ST-ZIP POMPAÑO BEACH, FL 33069**

**TITLE SD
NAME ZACKER, HARVEY
STREET ADDRESS 1400 SW 1ST CT.
CITY-ST-ZIP POMPAÑO BEACH, FL 33069**

**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)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address that is not the same as the one on file.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

Daytime Phone #