


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 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	



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0780725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000592992 01/22/07-80013-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARKMAN, STANLEY 1400 SW 1ST CT. POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PFEFFER, STANLEY 1400 SW 1ST CT. POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARKMAN, CRAIG 1400 SW 1ST CT. POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZACKER, HARVEY 1400 SW 1ST CT. POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

Date

1/15/07

Daytime Phone #