

2006

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90322 023 ***150.00

DOCUMENT # P97000089877

1. Entity Name
CESAR'S FISHING NETS, INC.



Principal Place of Business
**20340 NE 15 COURT #106
MIAMI, FL 33179**

Mailing Address

**6331 SW 23 ST
MIRAMAR, FL 33023**

**20340 NE 15 CT. #106
N-MIAMI FL 33179**



2. Principal Place of Business
20340 NE 15 COURT

3. Mailing Address
20340 NE 15 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

#106

City & State
33179

City & State
MIAMI FL

01242005 Chg-P CR2E034 (10/03)

4. FEI Number **595-087870**
65-0786800

Applied For
Not Applicable

Zip

Country

USA

Zip

Country

33179

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BADIAN, NANCY
851 NE 209 TERR, #204
MIAMI, FL 33179**

**CESAR A. SEVILLA
20340 NE 15 CT. #106
N-MIAMI FL 33179**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Delete
NAME	SEVILLA, CESAR	
STREET ADDRESS	6331 SW 23 ST	
CITY - ST - ZIP	MIRAMAR, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-05

Date

Daytime Phone #

04-07-06