


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # P98000011606	
1. Entity Name BOYNTON QUALITY SEAFOOD, INC.	

Principal Place of Business 435 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435	Mailing Address 435 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435
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04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0810553	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LAW OFFICES DAVID M. PICCOLO, P.A. 1738 45TH STREET WEST PALM BEACH, FL 33407
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCLAFANI, JOSEPH C 435 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD SCLAFANI, LOIS 435 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435
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U000000119783 04/19/04-80112-020 150.00
<b>DO NOT WRITE IN THIS SPACE</b>

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: Lois Sclafani 4-15-04 561-732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #