


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 08:00 AM
Secretary of State

| | |
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| 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 |



07132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0810553 | 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

**LAW OFFICES DAVID M. PICCOLO, P.A.
1738 45TH STREET
WEST PALM BEACH, FL 33407**

**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 reinstating)

DATE

000000574118
08/11/06-80003-024 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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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:

Lois Sclafani (Sec. Treas.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-06
Date

561-732-3663
Daytime Phone #

LOIS SCLAFANI