


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000040909</b> 1. Entity Name CHILEAN SEAFOOD EXCHANGE, INC.	
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Principal Place of Business 5000 GODFREY ROAD CORAL SPIRNGS, FL 33067	Mailing Address 5000 GODFREY ROAD CORAL SPIRNGS, FL 33067
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03212003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0833300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PERETZ, ANDREW B 300 SE 2ND STREET STE 700 FT. LAUDERDALE, FL 33301
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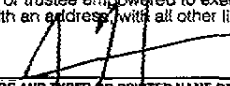
**DO NOT WRITE  
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	U000000169347 08/04/04-80004-003 150.00 DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROS, JEAN-SEBASTIEN 5000 GODFREY ROAD CORAL SPIRNGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROS, TRISHA K 5000 GODFREY ROAD CORAL SPIRNGS, FL 33067
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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)(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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 8/2/04	Daytime Phone # 9542557848