


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90040 025 \*\*\*150.00

DOCUMENT # P98000040909	
1. Entity Name CHILEAN SEAFOOD EXCHANGE, INC.	

Principal Place of Business 5000 GODFREY ROAD CORAL SPIRNGS, FL 33067	Mailing Address 5000 GODFREY ROAD CORAL SPIRNGS, FL 33067
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**DO NOT WRITE IN THIS SPACE**

02162005 No Chg-P CR2E034 (10/03)

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 900 SE 2ND STREET 1 EAST BROWARD BLVD #1410 STE 780 FT. LAUDERDALE, FL 33301	<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Andrew Peretz</u>	DATE <u>2/16/05</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	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	

**DO NOT WRITE  
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.

SIGNATURE: <u>Jean-Sebastien Gros</u>	DATE: <u>2/16/05</u>	DAYTIME PHONE: <u>954-255-7848</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		