

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90292 001 ***300.00

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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

00001441



DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0833300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISSMAN, JEFFREY M
3109 STIRLING ROAD, SUITE 101
EMERALD LAKE CORPORATE PARK
FT. LAUDERDALE, FL 33312-6558

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GROS, JEAN-SEBASTIEN
STREET ADDRESS 5000 GODFREY ROAD
CITY-ST-ZIP CORAL SPIRNGS, FL 33067

TITLE V
NAME GROS, TRISHA K
STREET ADDRESS 5000 GODFREY ROAD
CITY-ST-ZIP CORAL SPIRNGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sean Sebastien GROS

2-1-07

954 2557848