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05-01-2002 91534 041 ***150.00

DOCUMENT # 1. Entity Name

FLORIDA'S FINEST SEAFOOD COMPANY

Principal Place of Business

Mailing Address

3628 NW 16TH ST LAUDERHILL FL 33311 3628 NW 16TH ST LAUDERHILL FL 33311

2. Principal Place of Business 3. Mailing Address . Suite, Apt. #, etc. Suite, Apt. #, etc



DO NOT WRITE IN THIS SPACE

City & State City & State Applied For 4. FEI Number 65-0869692 Not Applicable, Zip Zip Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANET, LLOYD ESQ. Street Address (P.O. Box Number is Not Acceptable) 1900 NW CORPORATE BLVD. SUITE 100, WEST BUILDING **BOCA RATON FL 33431** City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

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Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ŇAME JAFFY, TODD NAME STREET ADDRESS 1643 NE 14TH AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME JAFFY, GREGG NAME STREET ADDRES STREET ADDRESS 1643 NE 14TH AVE FT LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: