

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000096810 1. Entity Name FLORIDA KEYS SEAFOOD DISTRIBUTORS, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 NOV 15 AM 11:39	
Principal Place of Business 1440 SW 12 AVE. MIAMI, FL 33129				Mailing Address 1440 SW 12 AVE. MIAMI, FL 33129			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent PEREZ, MICHAEL 9745 SUNSET DR # 105 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name MICHAEL PEREZ Street Address (P.O. Box Number is Not Acceptable) 10126 W. FLAGLER ST. City MIAMI State FL Zip Code 33174			
4. FEI Number 65-0245304 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
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><i>Michael Perez</i></u> DATE <u>11/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL, ROBERTO 1440 SW 12 AVE. MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042752529 11/15/04--01065--022 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANIEL, MIGDALIA 1440 SW 12 AVE. MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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><i>Robert Daniel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>11/10/04</u> 305-854-5590 <small>DATE</small> <small>Telephone Number</small>			

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