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## FILED Mar 29, 2005 8:00 am Secretary of State

ANNUAL REPORT	2005 FOR	PROFIT O	ORPORA	TI	10	1
	A	NNUAL R	EPORT			

NAME STREET ADDRESS STREET ADDRESS	DOCUMENT # P98000103878  1. Entity Name NATIONWIDE SEAFOOD COMPANY					03-29-2005 90016 045 ***150.00						
SUITE 0-305 MIAM, FL 33131 MMM, FL 33131  2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State					-			-				
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   O1142005   Chg.P.   CR2E034 (10/03)	SUITE 0-305 SUITE 0-305						I <b>nini Patri An</b> eti <b>an</b> iik <b>an</b>					
City & State  Ci	2. Principal P	lace of Busin	less	3. 1	Malling Address							
Country   Zip   Country   Zip   Country   S. Cartificate of Status Desired   St. 75 Additional Fan Required   St. 75 Additional Fan	Suite, Apt.	#, etc.		s	Suite, Apt. #, etc.			01142005	Chg-P	CR2E034 (	10/03)	
S. Cerricate of Status Deared   Fee Required   Fee	City & Stat	e		(	City & State			1			<del></del>	·
TRANSCLOBAL CORPORATE ADMINISTRATION 5/20 BRICKELL KEY DRIVE Surel Address (P.O. Box Number is Not Acceptable)    Separation	Zip		Country	2	Zip	Cour	ntry	5. Certificate of	of Status Desired			
TRANSCLOBAL CORPORATE ADMINISTRATION SEQUENCES UNITE 0-305 MIAMI, FL 33131  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, hose or primer name of inguitared agent and tief applicable.   (NOTE heaptaned Agent agent/Primer name of inguitared agent)		6. Name	and Address of Curr	ent Regist	tered Agent		Name	7. Name and	Address of New F	Registered Ager	nt	
### ACTOR STATE   Delde   THE   Delde   THE   DATE   Delde   DATE	520 BRICKELL KEY DRIVE					TRANSGLOBAL CORPORATE ADMINISTRATION LLC						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, howed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature recursed when rematating)  PILE NOWILIT FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   \$5.00 May Be Added to Fiess   Addition Francisco   Addition Francisco   Addition   Add							<del></del>	CKELL K	EY DRIVE	SUITE	0-	305
SIGNATURE    Signature   Title							FIIA			1	Zip Cod	3131
### Change   Date   Delete   TITLE   AS STREET ADDRESS   CITY-ST-2IP   C	8. The above the obligat	named entity ions of regist	y submits this statemer ered agent.	nt for the p	urpose of changing its	register	ed office or register	red agent, or both	n, in the State of Fl	orida. I am famil	liar with,	and accept
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME ARONOVSKI, RICARDO STREET ADDRESS SITOR SCORE SCORE SCORE SCORE SCORE STREET ADDRESS MIAMI, FL 33131  TITLE AS NAME TREE MAN, STEPHEN A SIMERT ADDRESS CITY-ST-2P  TITLE NAME SIRRET ADDRESS CITY-ST-2P  TITLE NAME SIRRET ADDRESS CITY-ST-2P  TITLE SOD BRICKELL KEY DR. STE O-305  MIAMI, FL 33131  Delde  TITLE NAME SIRRET ADDRESS CITY-ST-2P  Delde SIRRET ADDRESS CITY-ST-2P  TITLE NAME SIRRET ADDRESS CITY-ST-2P  Delde SIRRET ADDRESS CITY-ST-2P  SIRRET ADDRESS CITY-ST-2P  TITLE NAME SIRRET ADDRESS CITY-ST-2P  Delde	SIGNATURE_	Signature based	or printed name of registered a	post and title if	annicable (NOT	E: Dogister	ad Ament elepah sa yan ilian	d shar salastatian)		DATE		
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proper of Distance Proper Of Distanc												