

Mar. 5. 2004 9:50AM Freedom Butteiman

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000106014

1. Entity Name
SEAFOOD INTERNATIONAL INVESTMENT INC.



14001458

Principal Place of Business
**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc

City & State

City & State

Zip Country

Zip Country



01072004 Chg-P CR2E034 (10/03)

4. FBI Number
65-0965803

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROJAS, MARCO E
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

Transglobal Corporate Administration LLC
Street Address **520 Brickell Key Drive**
Suite 0-305
City **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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May 6th
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	GARCIA, HENRY ARTURO	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	☐ Delete
NAME	GARCIA, HELMAN EDUARDO	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	☐ Delete
NAME	GARCIA, HERNAN	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	AS	☐ Delete
NAME	ROJAS, MARCO	
STREET ADDRESS	520 BRICKELL KEY DR STE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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, which all other like is empowered.

SIGNATURE: **Henry A Garcia** 4/6/04 395 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR