

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # V08159

1. Entity Name
NORTH STAR SEAFOOD, INC.



Principal Place of Business
**2213 NW 30TH PL
POMANO BEACH, FL 33069 US**

Mailing Address
**2213 NW 30TH PL
POMANO BCH, FL 33069 US**



05092007 No Chg-P CR2E034.11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0341430

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$875** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURMAN, ERIC
2213 NW 30TH PL
POMANO BEACH, FL 33069**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BURMAN, ERIC**
STREET ADDRESS **2213 NW 30TH PL**
CITY-ST-ZIP **POMANO BEACH, FL 33069**

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05/31/07-80011-022 550.00

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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 a non 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 _____

Deputy Phone _____