

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23962

FILED  
Mar 09, 2011  
Secretary of State

**Entity Name:** SABRINA FISHERIES CORP.

**Current Principal Place of Business:**

99 NESBIT ST  
P.O. DRAWER 511447  
PUNTA GORDA, FL 33951 US

**New Principal Place of Business:**

**Current Mailing Address:**

99 NESBIT ST  
P.O. DRAWER 511447  
PUNTA GORDA, FL 33951 US

**New Mailing Address:**

**FEI Number:** 65-0355239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE FILING SOLUTIONS, LLC  
155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NICHOLAS, PETER M.  
Address: ONE JOY ST  
City-St-Zip: BOSTON, MA 02108

Title: P  
Name: PARAFESTAS, ANASTASIOS  
Address: ONE JOY ST  
City-St-Zip: BOSTON, MA 02108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANASTASIOS PARAFESTAS

P

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date