

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002557

FILED
Jan 14, 2009
Secretary of State

Entity Name: NATIONAL FISH AND SEAFOOD, INC.

Current Principal Place of Business:

11-15 PARKER ST
GLOUCESTER, MA 01930

New Principal Place of Business:

Current Mailing Address:

11-15 PARKER ST
GLOUCESTER, MA 01930

New Mailing Address:

FEI Number: 04-2681848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEDACCA, JEFF
1551 SECOND ST
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: VENTOLA, JACK
Address: 11-15 PARKER ST
City-St-Zip: GLOUCESTER, MA 01930

Title: D () Delete
Name: VENTOLA, JACK
Address: 11-15 PARKER ST
City-St-Zip: GLOUCESTER, MA 01930

Title: D () Delete
Name: CORBETT, JAMES
Address: 11-15 PARKER ST
City-St-Zip: GLOUCESTER, MA 01930

Title: D () Delete
Name: BRUNO, MICHAEL
Address: 101 ARCH STREET SUITE 300
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: CORBETT, JAMES J
Address: 53 WAYLAND CIRCLE N
City-St-Zip: ANDOVER, MA

Title: D () Delete
Name: NG, JOO SIANG
Address: 53 WAYLAND CIRCLE N
City-St-Zip: ANDOVER, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NG, JOO SIANG
Address: 53 WAYLAND CIRCLE N
City-St-Zip: ANDOVER, MA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACK A. VENTOLA

Electronic Signature of Signing Officer or Director

OWNE

01/14/2009

Date