

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065151

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: OCEAN FRESH SEAFOOD, INC.

## Current Principal Place of Business:

999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

1313 NE 2ND AVE  
STEINHATCHEE, FL 32359 US

## Current Mailing Address:

999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134 US

## New Mailing Address:

P.O. BOX 233  
STEINHATCHEE, FL 32359 US

FEI Number: 65-0550408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZOMERFIELD, RAYMOND J  
999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134 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: D ( ) Delete  
Name: ALBERTS, GARRETT G  
Address: 999 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: ALBERTS, KAREN J  
Address: 999 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALBERTS, GARRETT G  
Address: 1313 NE 2ND AVE.  
City-St-Zip: STEINHATCHEE, FL 32359

Title: D (X) Change ( ) Addition  
Name: ALBERTS, KAREN J  
Address: 1313 NE 2ND AVE.  
City-St-Zip: STEINHATCHEE, FL 32359

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: KAREN ALBERTS

D

02/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date