

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91164 044 ***150.00

DOCUMENT # P94000065151
1. Entity Name
OCEAN FRESH SEAFOOD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 999 PONCE DE LEON BLVD.		3. Mailing Address 999 PONCE DE LEON BLVD.	
Suite, Apt. #, etc. SUITE 1045		Suite, Apt. #, etc. SUITE 1045	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country U.S.	Zip 33134	Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0550408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RAYMOND J. ZOMERFELD
Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD.
SUITE 1045
City CORAL GABLES
State FL
Zip Code 33134

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.

SIGNATURE *R. Zomerfeld* (NOTE: Registered Agent signature required when reinstating) DATE 4-30-02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRETT G. ALBERTS 999 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAREN J. ALBERTS 999 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like employed.

SIGNATURE: *Karen Alberts* (Signature) *4-30-02* (Date) _____ (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)