

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005876

FILED  
Sep 01, 2004  
Secretary of State

Entity Name: GOLDEN SHRIMP INC.

**Current Principal Place of Business:**

5035 FRUITVILLE AVE.  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

5035 FRUITVILLE AVE.  
LAKE WALES, FL 33853

**New Mailing Address:**

PO BOX 513  
ALTURAS, FL 33820

FEI Number: 35-2095969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEPULVEDA, RAYMOND S  
6820 CODY ST. HOLLYWOOD  
HOLLYWOOD, FL 33024 US

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

SEPULVEDA, RAYMOND S  
PO BOX 513  
ALTURAS, FL 33820 US

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: \_\_\_\_\_

09/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: SEPULVEDA, RUBEN N  
Address: 4631 S. WAYNE AVE.  
City-St-Zip: FORT WAYNE, IN

Title: S ( ) Delete  
Name: SEPULVEDA, DIANA  
Address: 4631 S. WAYNE AVE.  
City-St-Zip: FORT WAYNE, IN

Title: VTD ( ) Delete  
Name: SEPULVEDA, RAYMOND  
Address: 6820 CODY ST.  
City-St-Zip: HOLLYWOOD, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUBEN N SEPULVEDA

PCD

09/01/2004

Electronic Signature of Signing Officer or Director

Date