

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005876

FILED  
Sep 13, 2007  
Secretary of State

Entity Name: GOLDEN SHRIMP INC.

**Current Principal Place of Business:**

5079 SUGARFOOT AVE.  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4168  
LAKE WALES, FL 33859

**New Mailing Address:**

FEI Number: 35-2095969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEPULVEDA, RUBEN N  
5079 SUGARFOOT AVE.  
LAKE WALES, FL 33589 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

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: 5035 FRUITVILLEN AVE  
City-St-Zip: LAKE WALES, FL 33859

Title: S ( ) Delete  
Name: SEPULVEDA, CAROLINE J  
Address: 5035 FRUITVILLEN AVE  
City-St-Zip: LAKE WALES, FL 33859

Title: VTD ( ) Delete  
Name: SEPULVEDA, CHRISTOPHER J  
Address: 5035 FRUITVILLE AVE.  
City-St-Zip: LAKE WALES, FL 33859

**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 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: RUBEN N SEPULVEDA

PCD

09/13/2007

Electronic Signature of Signing Officer or Director

Date