


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000089832</b> 1. Entity Name <b>FISH AQUACULTURE, CORP.</b>		
Principal Place of Business <b>9529 SW 154TH AVENUE MIAMI, FL 33196 US</b>	Mailing Address <b>9529 SW 154TH AVENUE MIAMI, FL 33196 US</b>	
<p><b>DO NOT WRITE IN THIS SPACE</b></p>		
6. Name and Address of Current Registered Agent  <b>GUTIERREZ, JOSE M 9529 SW 154TH AVENUE MIAMI, FL 33196</b>		<div style="border: 1px solid black; height: 80px; width: 100%; text-align: center; vertical-align: middle;"> <p>DO NOT WRITE IN THIS SPACE</p> </div>
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u><i>Jose Gutierrez</i></u> <span style="float: right;">05/30/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABO ITALIA, CASANAS 9529 SW 154TH AVENUE MIAMI, FL 33196  <div style="text-align: right; padding-top: 20px;">           U000000149382            05/03/04-80182-011 150.00         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABO, IRALIA C 9529 SW 154TH AVENUE MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Therese M. ...</i></u> <span style="float: right;">5-30-04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		