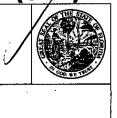
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

352850 **DOCUMENT #**

1. Entity Name

GENE'S LIVE SHRIMP, INC.



Aug 25, 2003 8:00 am Secretary of State
08-25-2003 90097 027 ***550.00

Principal Place DINNER KEY I MIAMI FL 332: US	Marina 33	Mailing Address 14803 S.W. 171 TERR. MIAMI FL 33187 US	·		
	lace of Business	3. Mailing Address	108 Lane		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES
City & State	9	City & State . T	\	4. FEI Number 59-1286298	Applied For Not Applicable
Zip	Country	33186	Country	5. Certificate of Status Desired	8.75 Additional ee Required
·	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered A	gent
PALMER, LEONARD					
14803 S.W. 171 TERR.			Street Address (I	P.O. Box Number is Not Acceptable)	
MIAMI FL 33187			11731 Su 108 lane		
	•	•	City	TO COURTE	Zip Code
$m(\alpha m)$					
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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE NAME STREET ADDRESS	S PALMER, KATHY 14803 S.W. 171 TERR.	Delete	TITLE NAME STREET ADDRESS	131 SW 108 Levi	Change
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP M	ami, 71 33186	>
TITLE NAME STREET ADDRESS	D Palmer, Leonard 14803 S.W. 171 Terr.	☐ Delete	TITLE NAME STREET ADDRESS	31 20 100 Wile?	Change
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	10mi, 71 33186	
TITLE		☐ Delete	TITLE NAME		Change Addition
NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		•	CITY-ST-ZIP ·		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	•		NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block-11 if changed, or on an attachment with an address, with all other like empowered.					