

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005876

Entity Name: GOLDEN SHRIMP INC.

FILED  
Aug 22, 2005  
Secretary of State

## Current Principal Place of Business:

5035 FRUITVILLE AVE.  
LAKE WALES, FL 33853

## New Principal Place of Business:

5079 SUGARFOOT AVE.  
LAKE WALES, FL 33859

## Current Mailing Address:

PO BOX 513  
ALTURAS, FL 33820

## New Mailing Address:

PO BOX 4168  
LAKE WALES, FL 33859

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  
PO BOX 513  
ALTURAS, FL 33820 US

## Name and Address of New Registered Agent:

SEPULVEDA, RUBEN N  
PO BOX 4168  
LAKE WALES, FL 33589 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: RUBEN N SEPULVEDA

08/22/2005

Electronic Signature of Registered Agent

Date

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: PCD (X) Change ( ) Addition  
Name: SEPULVEDA, RUBEN N  
Address: 5035 FRUITVILLEN AVE  
City-St-Zip: LAKE WALES, FL 33859

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

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

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

08/22/2005

Electronic Signature of Signing Officer or Director

Date