


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G04177</b> 1. Entity Name INTERNATIONAL AQUACULTURE CORPORATION	
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Principal Place of Business 31010 SW 212TH AVE. HOMESTEAD, FL 33030	Mailing Address 31010 SW 212TH AVE. HOMESTEAD, FL 33030
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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2230351	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CHIN, FRED 31010 SW 212 AVENUE HOMESTEAD, FL 33030
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**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000344494  
04/29/05-80138-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHIN, FLORENCE 31010 SW 212 AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHIN, FRED 31010 SW 212 AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHIN, SUI WON 31010 SW 212 AVENUE HOMESTEAD, FL
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Fred K. Chin **FRED K. CHIN** (UPI) 4/29/05 786286484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #