

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G04177

1. Entity Name
INTERNATIONAL AQUACULTURE CORPORATION



Principal Place of Business
**31010 SW 212TH AVE.
HOMESTEAD, FL 33030**

Mailing Address
**31010 SW 212TH AVE.
HOMESTEAD, FL 33030**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
69-2230351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIN, FRED
31010 SW 212 AVENUE
HOMESTEAD, FL 33030**

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000549632
05/13/06-80030-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHIN, FLORENCE
STREET ADDRESS	31010 SW 212 AVENUE
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	VP
NAME	CHIN, FRED
STREET ADDRESS	31010 SW 212 AVENUE
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	T
NAME	CHIN, SUI WON
STREET ADDRESS	31010 SW 212 AVENUE
CITY - ST - ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred K. Chin

4/26/06

Date

786 256 4684

Daytime Phone #