

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M37977 1. Entity Name SCHMALBACH AQUACULTURE, INC.	
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Principal Place of Business 25225 SW 152 HOMESTEAD, FL 33032 US	Mailing Address PO BOX 900739 HOMESTEAD, FL 33090 US
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DO NOT WRITE IN THIS SPACE



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0280191	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHMALBACH, A. ENRIQUE 25225 SW 152ND AVE MIAMI, FL 33032	DO NOT WRITE IN THIS SPACE
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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 <i>Eilat Schmalbach</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <i>1/29/05</i>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHMALBACH, ENRIQUE 25225 SW 152ND AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHMALBACH, EILAT 25225 SW 152ND AVE HOMESTEAD, FL
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02/05/05-80030-012 150.00

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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: <i>Eilat Schmalbach</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>1-29/05</i> Daytime Phone # <i>305 246 5493</i>