

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # M37977

1. Entity Name
SCHMALBACH AQUACULTURE, INC.



Principal Place of Business
**25225 SW 152
HOMESTEAD, FL 33032 US**

Mailing Address
**PO BOX 900739
HOMESTEAD, FL 33090 US**



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0280191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHMALBACH, A. ENRIQUE
25225 SW 152ND AVE
MIAMI, FL 33032**

**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: *Eilat Schmalbach* *Eilat Schmalbach* *2/7/08*
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SCHMALBACH, ENRIQUE**
STREET ADDRESS **25225 SW 152ND AVE**
CITY-ST-ZIP **HOMESTEAD, FL**

TITLE **V**
NAME **SCHMALBACH, EILAT**
STREET ADDRESS **25225 SW 152ND AVE**
CITY-ST-ZIP **HOMESTEAD, FL**

TITLE
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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: *Eilat Schmalbach* *Eilat Schmalbach* *2/7/2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #