Apr. 27. 2004 10:03AM

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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90385 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000039491

1. Entity Name
NIELSEN GOLDEN CRAB FISHERY, INC.

Principal Place of Business	Mailing Address
4332 SW 52ND STREET FT. LAUDERDALE, FL 33314	4332 SW 52ND STREET FT. LAUDERDALE, FL 33314

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1600 Southeast 17th Street Causeway	1600 Southeast 17th Street Causeway
Suite, Apt. #, etc.: Suite 404	Suite, Apt. #, etc.: Suite 404
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. FEI Number: 65-1005044 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NIELSEN, CHRYL D
4332 SW 52ND STREET
FT. LAUDERDALE, FL 33314

7. Name and Address of New Registered Agent

Name: Theresa M Bennett
Street Address (P.O. Box Number is Not Acceptable): Suite 404
1600 Southeast 17th Street Causeway
City: Fort Lauderdale FL Zip Code: 33316

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: Theresa M. Bennett
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD NIELSEN, CHRYL D 4332 SW 52ND STREET FT. LAUDERDALE, FL 33314	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Whipple, William D. 1154 Main Road Westport, MA 02790	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: William D. Whipple William D. Whipple 4/28/04 305-393-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #