2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000042102

1. Entity Name
BISCAYNE BAY WINGNET SHRIMPERS OF FLORIDA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3315 S.W. 91ST AVENUE MIAMI, FL 33165	3315 S.W. 91ST AVENUE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1002788
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, REGINA
3315 S.W. 91ST AVENUE
MIAMI, FL 33165

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000090188
03/17/04-80008-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ, REGINA
STREET ADDRESS	3315 S.W. 91ST AVENUE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	GALINDO, CARLOS
STREET ADDRESS	15131 SW 70TH ST
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	D
NAME	HERRERA, MANUEL
STREET ADDRESS	707 SW 28TH RD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	LOPEZ, JESUS
STREET ADDRESS	3315 SW 91ST AVENUE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	HERRERA, MANUEL
STREET ADDRESS	2820 S.W. 7TH AVENUE RD.
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	CRUZ, JORGE L
STREET ADDRESS	10350 NW 32 AVE
CITY-ST-ZIP	MIAMI, FL 33147

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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: Regina Lopez Director 3/2/2004 (305)2234870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #