


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000042726	
1. Entity Name BISCAYNE BAY ASSOCIATED SHRIMPERS, INC.	

Principal Place of Business PO BOX 540305 OPA LOCKA, FL 33054	Mailing Address PO BOX 540305 OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1002784	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, REGINA 3315 SW 91 ST AVENUE MIAMI, FL 33165
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**000000090545
03/17/04-80023-016 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SALGADO, CARMELO 7630 SW 21ST STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEREZ, EDUARDO 2500 SW 77TH COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RODRIGUEZ, TOMAS 3010 NW 6TH ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOPEZ, REGINA 3315 SW 91ST AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOPEZ, JESUS 3315 SW 91ST AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GALINDO, CARLOS 15131 SW 70TH ST. MIAMI, FL 33193

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IN THIS SPACE**

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>Regina Lopez, Director</i>	Date <i>3/2/2004</i>	Official Phone # <i>(305) 223-4870</i>
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