


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000046008**  
 1. Entity Name  
**LOBSTER MONSTER CORP.**



Principal Place of Business      Mailing Address  
**122 GULFWIND LANE**      **122 GULFWIND LANE**  
**MARATHON, FL 33050**      **MARATHON, FL 33050**



01132005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1012096**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SILVA, JUDITH**  
**122 GULFWIND LANE**  
**MARATHON, FL 33050**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing)      DATE \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVA, JUDITH 13727 S.W. 152ND STREET #327 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALLADARES, DENNY 13727 S.W. 152ND STREET #327 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VALLADARES, DENNY 122 GULFWIND LANE MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST SILVA, JUDITH 122 GULFWIND LANE MARATHON, FL 33050
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 04/08/05-80048-008 158.75

**DO NOT WRITE 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)(f), 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 - 305-216-5362  
 Date      Daytime Phone #