

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000046008

1. Entity Name
LOBSTER MONSTER CORP.



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



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1012096 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SILVA, JUDITH
 122 GULFWIND LANE
 MARATHON, FL 33050

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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: *Judith Silva* DATE: 1/11/06

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, 2006 Fee will be \$550.00

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

U00000385496
 01/18/06-80019-016 150.00

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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE 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: *Judith Silva* DATE: 1/11/06 305-216-5362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #