

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000046008

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 ☐ **\$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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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 *Judith Silva*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/06
DATE

**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**

**U000000385496
01/18/06-80019-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SILVA, JUDITH
STREET ADDRESS	13727 S.W. 152ND STREET #327
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	VALLADARES, DENNY
STREET ADDRESS	13727 S.W. 152ND STREET #327
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	P
NAME	VALLADARES, DENNY
STREET ADDRESS	122 GULFWIND LANE
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	VST
NAME	SILVA, JUDITH
STREET ADDRESS	122 GULFWIND LANE
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 305-216-5362
Date Daytime Phone #