


2007 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 038 ***150.00

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~~
Please change Address



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
5409 Overseas Highway
 Suite, Apt. #, etc.
342

1st MOORE CR2E034 (10/06)

City & State
MARATHON, Florida

City & State
MARATHON, Florida

Zip Country
33050 USA.

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME SILVA, JUDITH	
STREET ADDRESS 13727 S.W. 152ND STREET #327	
CITY ST / ZIP MIAMI FL 33177	
TITLE D	<input type="checkbox"/> Delete
NAME VALLADARES, DENNY	
STREET ADDRESS 13727 S.W. 152ND STREET #327	
CITY ST / ZIP MIAMI FL 33177	
TITLE P	<input type="checkbox"/> Delete
NAME VALLADARES, DENNY	
STREET ADDRESS 122 GULFWIND LANE	
CITY ST / ZIP MARATHON FL 33050	
TITLE VST	<input type="checkbox"/> Delete
NAME SILVA, JUDITH	
STREET ADDRESS 122 GULFWIND LANE	
CITY ST / ZIP MARATHON FL 33050	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST / ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST / ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST / ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST / ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST / ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST / ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* **JUDITH SILVA, V. President.** **3/6/07** **305-216-5362**

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