


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000069942
1. Entity Name
MIAMI RIVER LOBSTER AND STONE CRAB CORPORATION



Principal Place of Business Mailing Address
135 SW S RIVER DRIVE 135 SW S RIVER DRIVE
MIAMI, FL 33130 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1027465	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

PRIEGUEZ, MANUEL
135 SW S RIVER DRIVE
MIAMI, FL 33130

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	PD PRIEGUEZ, MANUEL J 135 SW S RIVER DRIVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PRIEGUEZ, MANUEL 135 SW S RIVER DRIVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRIEGUEZ, RAQUEL 135 SW S RIVER DRIVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: MANUEL PRIEGUEZ MANUEL PRIEGUEZ 1/19/05 (305)545-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #