


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000069942
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



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FDJ Number Applied For
65-1027465 Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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


100000410907
02/03/06-80049-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRIEGUEZ, MANUEL J
STREET ADDRESS	135 SW S RIVER DRIVE
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	VTD
NAME	PRIEGUEZ, MANUEL
STREET ADDRESS	135 SW S RIVER DRIVE
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	SD
NAME	PRIEGUEZ, RAQUEL
STREET ADDRESS	135 SW S RIVER DRIVE
CITY - ST - ZIP	MIAMI, FL 33130
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: X  MANUEL PRIEGUEZ P/O 1-25-06 (305) 545-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #