## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P00000069942

1. Entity Name MIAMI RIVER LOBSTER AND STONE CRAB CORPORATION

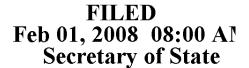


Principal Place of Business

135 SW S RIVER DRIVE MIAMI, FL 33130

Mailing Address

135 SW S RIVER DRIVE MIAMI, FL 33130





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01232008 No Chg-P CR2E034 (11/05)

4. FEI 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

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8. The above the obligat	e named entity submits this statement for the pations of registered agent.	urpose of changing its registe			oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agen) and title if	applicable (NOTE: Register	ed Agent a gnature	required when reinstating)	DATE
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	80×39×1+14	earsania in tearrolla aise	
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	PD PRIEGUEZ, MANUEL J 135 SW S RIVER DRIVE MIAMI, FL 33130		Str. 1884 Ann an Str. 1884 Ann an Str. 1884 Ann an	Berlinder (b. 1966) 1880 – Berlinder (b. 1968) 1880 – Berlinder (b. 1968)	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VTD PRIEGUEZ, MANUEL 135 SWS RIVER DRIVE MIAMI, FL 33130		Parkityn e		/*** 000000810545 *** 02:708708-80069-015 150:00 *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRIEGUEZ, RAQUEL 135 SW S RIVER DRIVE MIAMI, FL 33130		Mark Mark		NOT WRITE

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The second secon 12. I hereby certify that the information supplied with this filling 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

THTLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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