

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006086

FILED
Jan 19, 2009
Secretary of State

Entity Name: CARIBCO SHRIMP CORPORATION

Current Principal Place of Business:

19495 BISCAYNE BOULEVARD
SUITE 607
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19495 BISCAYNE BOULEVARD
SUITE 607
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 80-0034020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISICOFF, RAGATZ & KOENIGSBERG, P.A.
1200 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FINVARB, SALOMON
Address: 19495 BISCAYNE BOULEVARD, SUITE 607
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: FINVARB, MORIS
Address: 19495 BISCAYNE BOULEVARD, SUITE 607
City-St-Zip: AVENTURA, FL 33180

Title: P () Delete
Name: ABRAMOWITZ, LARRY
Address: 19495 BISCAYNE BOULEVARD, SUITE 607
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: ABRAMOWITZ, VANESSA
Address: 19495 BISCAYNE BOULEVARD, SUITE 607
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: CHALELA, ANTONIO
Address: 19495 BISCAYNE BOULEVARD, SUITE 607
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO CHALELA

V

01/19/2009

Electronic Signature of Signing Officer or Director

Date