FILED
Jun 09, 2003 8:00 am
Secretary of State

05-13-2003 90045 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128675

1. Entity Name
SHRIMP SELECT CORPORATION

(L)

55047330

[redacted]

Principal Place of Business	Mailing Address
3436 NW 180 ST. CAROL CITY, FL 33056	3436 NW 180 ST. CAROL CITY, FL 33056

[✓] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1705 SW 83rd Court	1705 SW 83rd Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami. FL	City & State: Miami. FL
Zip: 33155 Country: Miami-Dade	Zip: 33155 Country: Miami-Dade

4. FEI Number 11-3691056 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERA, JOSE R 2621 WEST 73 PLACE HIALEAH, FL 33016-5425	Name: Carlos Blanco Street Address (P.O. Box Number is Not Acceptable): 1705 SW 83rd Court City: Miami FL Zip Code 33155

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 ______ 6/3/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	VD RIVERA, JOSE R 3436 NW 180 ST. CAROL CITY, FL 33056	[✓] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ECHEVARRIA, ISRAEL 3436 NW 180 ST. CAROL CITY, FL 33056	[✓] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Carlos Blanco 1705 SW 83rd Court Miami, FL 33155	[ ] Change [✓] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Liudmila Sanchez 1705 SW 83rd Court Miami, FL 33155	[ ] Change [✓] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______ 6/3/03 305 262 1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/13/2003-90045-040-$150.00-$150.00

DOCUMENT # P02000128675

1. Entity Name
SHRIMP SELECT CORPORATION

55047330

[redacted]

Principal Place of Business	Mailing Address
3436 NW 180 ST. CAROL CITY, FL 33056	3436 NW 180 ST. CAROL CITY, FL 33056

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1705 SW 83 Ct.	1705 SW 83 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami FL
Zip: 33155 Country: USA	Zip: 33155 Country:

4. FEI Number [redacted] ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERA, JOSE R 2621 WEST 73 PLACE HIALEAH, FL 33016-5426	Name: Blanco, Carlos Street Address (P.O. Box Number is Not Acceptable): 1705 SW 83 Ct. City: Miami FL Zip Code: 33155

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 ______ 4/28/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIVERA, JOSE R 3436 NW 180 ST. CAROL CITY, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Rivera, Jose R. 8880 SW 11ST Miami, FL 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ECHEVARRIA, ISRAEL 3436 NW 180 ST. CAROL CITY, FL 33056	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/D Carlos Blanco 1705 SW 83 Ct. Miami FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #