## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000024251

Entity Name: BT SHRIMP CORP

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

932 LENOX AVENUE 1605 PENNSYLVANIA AVENUE

MIAMI BEACH, FL 33139 502

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

932 LENOX AVENUE 1605 PENNSYLVANIA AVENUE

MIAMI BEACH, FL 33139 502 MIAMI BEACH, FL 33139

FEI Number: 20-2703751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOSSA, FRANCK
932 LENOX AVENUE
MIAMI BEACH, FL 33139 US

DOSSA, FRANCK
1605 PENNSYLVANIA AVENUE
502

MIAMI BEACH, FL 33139 US

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: FRANCK DOSSA 04/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 DOSSA, FRANCK
 Name:
 DOSSA, FRANCK

 Address:
 932 LENOX AVENUE
 Address:
 1605 PENNSYLVANIA AVENUE, #502

Address: 932 LENOX AVENUE Address: 1605 PENNSYLVANIA AVENUE, #502
City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KABAMBA, SOLLY
 Name:

 Address:
 12340 SW 109 TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33186 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCK DOSSA P 04/11/2006