

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000006086

**Entity Name:** CARIBCO SHRIMP CORPORATION**Current Principal Place of Business:**19495 BISCAYNE BOULEVARD  
SUITE 607  
AVENTURA, FL 33180**Current Mailing Address:**19495 BISCAYNE BOULEVARD  
SUITE 607  
AVENTURA, FL 33180**FEI Number:** 80-0034020**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ISICOFF, RAGATZ & KOENIGSBERG, P.A.  
1200 BRICKELL AVENUE  
SUITE 1900  
MIAMI, FL 33131 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	FINVARB, SALOMON
Address	19495 BISCAYNE BOULEVARD, SUITE 607
City-State-Zip:	AVENTURA FL 33180

Title	D
Name	FINVARB, MORIS
Address	19495 BISCAYNE BOULEVARD, SUITE 607
City-State-Zip:	AVENTURA FL 33180

Title	P
Name	ABRAMOWITZ, LARRY
Address	19495 BISCAYNE BOULEVARD, SUITE 607
City-State-Zip:	AVENTURA FL 33180

Title	S
Name	ABRAMOWITZ, VANESSA
Address	19495 BISCAYNE BOULEVARD, SUITE 607
City-State-Zip:	AVENTURA FL 33180

Title	V
Name	CHALELA, ANTONIO
Address	19495 BISCAYNE BOULEVARD, SUITE 607
City-State-Zip:	AVENTURA FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANTONIO CHALELA

V

02/25/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date