## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H40266

Address:

City-St-Zip:

13100 S.W. 82ND ST

MIAMI, FL 33183

OT TOURIS OUTDONES OF THE

FILED Apr 29, 2005 Secretary of State

Entity Nar	ne: SI.JOHN	IS SHIPPII	NG CO., INC.							
Current P	New Principal Place of Business:									
3505 ME 19TH ST HOLLYWOOD, FL 33316 US					3505 SE 19TH ST HOLLYWOOD, FL 33316 US					
Current M	N	New Mailing Address:								
P.O. BOX FORT LAU	13105 IDERDALE, FL	33316	US							
FEI Number:	59-2541563	FEI Numb	per Applied For ( )	FEI Numbe	r Not Appli	cable ( )	Certific	ate of Status De	esired()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:					
5710 BAY\	DO, AUGUSTO /IEW DR IDERDALE, FL		US							
	named entity s of Florida.	ubmits thi	s statement for the p	ourpose of cl	nanging it	s registered	office or	registered ag	ent, or both,	
SIGNATUR	RE:									
	Electroni	ic Signatui	re of Registered Age	ent				Date		
Election Car	npaign Financing	Trust Fund	l Contribution ( ).							
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P () MALDONADO, A 5710 BAYVIEW FORT LAUDERE	DR	3308	Ad	le: ime: dress: ty-St-Zip:	(	( ) Change	( ) Addition		
Title: Name: Address: City-St-Zip:	VP () MALDONADO, V 5710 BAYVIEW FORT LAUDERD	DR	3308	Ad	le: ime: dress: ty-St-Zip:	(	( ) Change	( ) Addition		
Title: Name: Address: City-St-Zip:	VP () SUAREZ, NORB 531 W. 65 ST. HIALEAH, FL 33			Ad	le: ime: dress: iy-St-Zip:	(	( ) Change	( ) Addition		
Title: Name:	S () RODRIQUEZ, BI	Delete ETSI		Tit Na	le: ıme:	S (		( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

12960 S.W. 68TH ST

MIAMI, FL 33183

SIGNATURE: VALERIE MALDONADO 04/29/2005 MRS