


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State


DOCUMENT # K25893

1. Entity Name
INTERNATIONAL MARITIME SHIPS AGENTS, CORP.



Principal Place of Business 2945 N.W. 21 TERRACE MIAMI, FL 33142-7019 US	Mailing Address 2945 N.W. 21 TERRACE MIAMI, FL 33142-7019 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0068818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BABLIN, JOSE J
 2945 NW 21 TERR
 MIAMI, FL 33142**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

00000589099
 01/18/07-80003-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BABUN-SELMAN, JOSE 3160 NW 14 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BABUN, JOSE JESUS 12711 N.W. 6TH STREET MIAMI, FL 331821162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BABUN, SARA CRISTINA 9250 S.W. 69TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jose Jesus Babun **JOSE JESUS BABUN** 1-10-07 305635 0496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #