


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

05 APR 21 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L15708</b> 1. Entity Name <b>SEABOARD WAREHOUSE TERMINALS OF FT. LAUDERDALE, INC.</b>	
---	---

Principal Place of Business <b>3455 N.W. 54TH STREET MIAMI, FL 33142</b>	Mailing Address <b>3455 N.W. 54TH STREET MIAMI, FL 33142</b>
---	---

DO NOT WRITE IN THIS SPACE

02152005	No Chg-P	CR2E034 (10/03)	<i>MRS</i>
4. FEI Number <b>65-0143195</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301</b>	DO NOT WRITE IN THIS SPACE
--	-------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	PDST
NAME	BLANK, ANDREW
STREET ADDRESS	3455 N.W. 54TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	DC
NAME	BLANK, MARK
STREET ADDRESS	9350 S. DIXIE HWY., #900
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	BLANK, TONY
STREET ADDRESS	9350 S. DIXIE HWY., #900
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

700054036167

05/09/05--01013--003- \*\*150.00

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 # \_\_\_\_\_