2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 17, 2005 8:00 am Secretary of State **DOCUMENT #L57359** 05-17-2005 90012 022 ***550.00 1. Entity Name INTERNATIONAL SHIPPING PARTNERS, INC. Mailing Address Principal Place of Business 4770 BISCAYNE BLVD **4770 BISCAYNE BLVD** PENTHOUSE A **PENTHOUSE A** MIAMI, FL 33137 MIAMI, FL 33137 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite Apt. #. etc. 05112005 CR2E034 (10/03) Chq-P Applied For City & State City & State 4. FEI Number 65-0187654 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLIKEN, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 5915 PONCE DE LEON BOULEVARD SUITE 63 MIAMI, FL 33146-1523 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 🔀 Addition Delete D ☐ Change TITI F TITLE WINBERG, PETER NAME LEIF JUUL JORGENSEN NAME DURHAM HOUSE, DURHAM ST, THE STRAND STREET ADDRESS STREET ADDRESS LANGE-MULLERS ALLE 28 CITY-ST-ZIP **LONDON, WC 33137** CITY-ST-ZIP 2960 RUNGSTED KYST, DENMARK DP ☐ Change Addition TITLE ☐ Delete TITI F LUND. NIELS-ERIK NAME NAME STREET ADDRESS STREET ADDRESS 4770 BISCAYNE BLVD CITY+ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE ENGSTROM, KENNETH T NAME 4770 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete TIFLE ☐ Change ☐ Addition TITLE DC MILLIKEN, WILLIAM B NAME NAME STREET ADDRESS 5915 PONCE DE LEON BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL ☐ Delete Change ☐ Addition TITLE TITLE MOE, LASSE NAME STREET ADDRESS STREET ADDRESS 6857 SUNRISE TERRACE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33133 ☐ Delete Change ☐ Addition TITLE TITLE CHARMAINE, MORRIS S NAME STREET ADDRESS 4770 BISCAYNE BOULEVARD STREET ADDRESS MIAMI, FL 33137 CITY-ST-ZIP CITY-ST-ZIP 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 impowered.

NIELS-ERIK LUND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

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