2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L57359

1. Entity Name
INTERNATIONAL SHIPPING PARTNERS, INC.

Principal Place of Business	Mailing Address
4770 BISCAYNE BLVD PENTHOUSE A MIAMI, FL 33137 US	4770 BISCAYNE BLVD PENTHOUSE A MIAMI, FL 33137 US

07142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0187654
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLIKEN, WILLIAM B
5915 PONCE DE LEON BOULEVARD
SUITE 63
MIAMI, FL 33146-1523

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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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JORGENSEN, LEIF JUUL
STREET ADDRESS	LANGE-MULLERS ALLE 28
CITY-ST-ZIP	RUNGSTED KYST, DENMARK, 2960
TITLE	DP
NAME	LUND, NIELS-ERIK
STREET ADDRESS	4770 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DV
NAME	ENGSTROM, KENNETH T
STREET ADDRESS	4770 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DC
NAME	MILLIKEN, WILLIAM B
STREET ADDRESS	5915 PONCE DE LEON BLVD
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MOE, LASSE
STREET ADDRESS	6857 SUNRISE TERRACE
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	S
NAME	CHARMAINE, MORRIS S
STREET ADDRESS	4770 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137

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07/18/06-80011-018 150.00

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR