

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L57359

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** INTERNATIONAL SHIPPING PARTNERS, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD  
PENTHOUSE A  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

4770 BISCAYNE BLVD  
PENTHOUSE A  
MIAMI, FL 33137 US

**New Mailing Address:**

**FEI Number:** 65-0187654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLIKEN, WILLIAM B  
5915 PONCE DE LEON BOULEVARD  
SUITE 63  
MIAMI, FL 331461523 US

**Name and Address of New Registered Agent:**

MILLIKEN, WILLIAM B  
2121 PONCE DE LEON BOULEVARD  
SUITE 730  
MIAMI, FL 33134 US

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.

SIGNATURE: WILLIAM B. MILLIKEN

04/23/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JORGENSEN, LEIF JUUL  
Address: KIRK HOUSE BOWDEN  
City-St-Zip: SCOTTISH BORDERS, NA TD6 0SU UK

Title: DP  
Name: LUND, NIELS-ERIK  
Address: 4770 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137 US

Title: DV  
Name: ENGSTROM, KENNETH T  
Address: 4770 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137 US

Title: DC  
Name: MILLIKEN, WILLIAM B  
Address: 2121 PONCE DE LEON BLVD  
City-St-Zip: MIAMI, FL 33134 US

Title: D  
Name: MOE, LASSE  
Address: 6857 SUNRISE TERRACE  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: S  
Name: CHARMAINE, MORRIS S  
Address: 4770 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33137 US

I hereby 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 all other like empowered.

SIGNATURE: CHARMAINE STONE MORIRS

S

04/23/2010

Electronic Signature of Signing Officer or Director

Date