

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # M09608

1. Entity Name
ARI SHIPPING CORP.



Principal Place of Business

**80 SHERIDAN BLVD
INWOOD, NY 11096**

Mailing Address

**80 SHERIDAN BLVD
INWOOD, NY 11096**

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3318571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIDLER, ILAN
7225 NW 25TH ST
SUTIE 210
MIAMI, FL 33122**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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 PT
NAME FIDLER, ILAN
STREET ADDRESS 12 HEREFORD ROAD
CITY-ST-ZIP GREAT NECK, NY 11020

TITLE V
NAME FIDLER, JUDITH
STREET ADDRESS 12 HEREFORD ROAD
CITY-ST-ZIP GREAT NECK, NY 11020

TITLE S
NAME SACHCHABUTRA, SEUBSAI
STREET ADDRESS 405 EAST 14TH STREET
CITY-ST-ZIP NEW YORK, NY 10009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000363889
06/30/05-80001-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

6/29/05

Date

516-371-7770

Daytime Phone #