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FAX NO. :

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90104 028 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000070890

1. Entity Name
HORIZON SHIPPING AND TRADING USA, INC.

20065323

Principal Place of Business	Mailing Address
13499 BISCAYNE BLVD SUITE 204 NORTH MIAMI, FL 33161	13499 BISCAYNE BLVD SUITE 204 NORTH MIAMI, FL 33161

07152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1689 NE 123 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NORTH MIAMI Fl
Zip / Country	Zip 33181 / Country

4. FEI Number 65-1029406 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ERKAN, AHMET K
9072 DICKENS AVENUE
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL 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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS ERKAN, AYSE S 9072 DICKENS AVE SURFSIDE, FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1689 NE 123 ST NORTH MIAMI Fl. 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____ 07/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #