

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111973

FILED
Apr 30, 2004
Secretary of State

Entity Name: ASK SHIPPING, INC.

Current Principal Place of Business:

3211 PONCE DE LEON BLVD
STE M
MIAMI, FL 33134

New Principal Place of Business:

1007 NORTH AMERICA WAY
SUITE 305
MIAMI, FL 33132

Current Mailing Address:

C/O LISA A. LANDY
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI, FL 33131

New Mailing Address:

C/O LISA A. LANDY
ONE SE 3RD AVENUE, 28TH FLOOR
MIAMI, FL 33131

FEI Number: 75-2976887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: LEGANGER, STEINAR
Address: N-6240 ORSKOG
City-St-Zip: NORWAY,

Title: DP () Delete
Name: BRUNGOT, STAALE
Address: P. BOX 5107 LARSGARDEN
City-St-Zip: N-6021 ALESUND,

Title: DVS () Delete
Name: SKINNES, ARNT
Address: N-6065
City-St-Zip: ULSTEINVIK,

Title: D () Delete
Name: ROMTVEIT, GUNNAR
Address: N-3864 RAULAND
City-St-Zip: RAULAND,

Title: D () Delete
Name: FLADMARK, ERIK
Address: NEDRE BOGNESET 13
City-St-Zip: 6016 AALESUND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARNT SKINNES

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date