

2004 FOR PROFIT CORPORATION ANNUAL REPORT


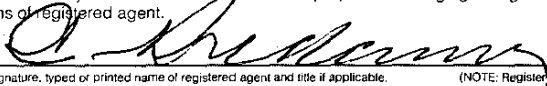
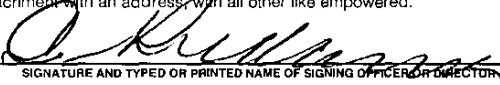
FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90047 008 ***150.00

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01052004 Chg-P CR2E034 (10/03)

DOCUMENT # P17170			
1. Entity Name KING OCEAN SERVICE DE VENEZUELA, S.A.			
Principal Place of Business 7570 NW 14TH ST. MIAMI, FL 33126		Mailing Address 7570 NW 14TH ST. MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERDONO, CARLOS 7570 NW 14TH STREET MIAMI, FL 33126		Name: Carlos Perdomo Street Address (P.O. Box Number if Not Acceptable): 11000 N. W. 29th St., Suite 201 City: Miami FL Zip Code: 33172	
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: 1/5/04	
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: O <input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Carlos Perdomo	
NAME: PERDOMO, CARLOS	NAME: Carlos Perdomo	STREET ADDRESS: 11000 N. W. 29th St., Suite 201	
STREET ADDRESS: 7570 N.W. 14 STREET	STREET ADDRESS: 11000 N. W. 29th St., Suite 201	CITY-ST-ZIP: Miami, FL 33172	
CITY-ST-ZIP: MIAMI, FL 33126	CITY-ST-ZIP: Miami, FL 33172		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
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: 		DATE: 1/5/04 Daytime Phone #: 305-591-7595	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	