


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90218 003 ***150.00

| | | | |
|---|--------------------------------------|---|--|
| DOCUMENT # P30211 | |  | |
| 1. Entity Name NETWORK SHIPPING LTD., INC. | | | |
| Principal Place of Business 241 SEVILLA AVENUE CORAL GABLES, FL 33134 | | Mailing Address P.O. BOX 149221 CORAL GABLES, FL 33114 | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. BOX 149222 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. LEGAL DEPT. | |
| City & State | | City & State CORAL GABLES | |
| Zip | Country | Zip | Country |
| 33114-9222 | | 33114-9222 | U.S.A. |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 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 | D <input type="checkbox"/> Delete | TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ABU-GHAZALEH, MOHAMMAD | NAME | VICENTE MONICA |
| STREET ADDRESS | 241 SEVILLA AVENUE | STREET ADDRESS | 241 SEVILLA AVENUE |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EL-NAFFY, HANI | NAME | THOMPSON, PETER M. |
| STREET ADDRESS | 241 SEVILLA AVENUE | STREET ADDRESS | 241 SEVILLA AVENUE |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | S <input type="checkbox"/> Delete | TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COTTINGHAM, DUDLEY | NAME | COTTINGHAM, DUDLEY |
| STREET ADDRESS | 16 PAR LA VILLE RD | STREET ADDRESS | CENTURY HOUSE, 18 PAR-LE-VILLE Road |
| CITY-ST-ZIP | HAMILTON, HM bermuda | CITY-ST-ZIP | PO BOX HM 1806, HAMILTON HX, BERMUDA |
| TITLE | DVP <input type="checkbox"/> Delete | TITLE | D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANCILLA ESTAY, SERGIO A | NAME | MANCILLA ESTAY, SERGIO |
| STREET ADDRESS | 241 SEVILLA AVENUE | STREET ADDRESS | 241 SEVILLA AVENUE |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | VPAS <input type="checkbox"/> Delete | TITLE | V/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JORDAN, BRUCE A | NAME | JORDAN, BRUCE A. |
| STREET ADDRESS | 241 SEVILLA AVENUE | STREET ADDRESS | 241 SEVILLA AVENUE |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | DVP <input type="checkbox"/> Delete | TITLE | D/V/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INSERRA, JOHN F | NAME | INSERRA, JOHN F. |
| STREET ADDRESS | 241 SEVILLA AVENUE | STREET ADDRESS | 241 SEVILLA AVENUE |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ | | SERGIO MANCILLA ESTAY ^{4/26/04} 305-520-8400 Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |