

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 08:00 AM Secretary of State

DOCUMENT # P96000036463
1. Entity Name
CARIBBEAN SHIPPING SERVICES, INC.



Principal Place of Business: 1505 DENNIS ST JACKSONVILLE, FL 32204
Mailing Address: 1505 DENNIS ST JACKSONVILLE, FL 32204



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3376354 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ROBBINS, PAUL V
885 QUEENS HAROR BLVD
JACKSONVILLE, FL 32204

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7. 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. (QUOTE Registered Agent signature required when rate is being) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for ROBBINS, PAUL V and ROBBINS, JULIE E.

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05/04/05-80138-004 150.00
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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 announcements.

SIGNATURE: [Signature] 4-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date