


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000036767

1. Entry Name
SOUTHERN STAR SHIPPING, INC.



Principal Place of Business 8362 PINES BLVD #120 PEMBROKE PINES, FL 33024	Mailing Address 8362 PINES BLVD #120 PEMBROKE PINES, FL 33024
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0796088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAEZ, JOVANNI
 8362 PINES BLVD
 #120
 PEMBROKE PINES, FL 33024**

DO NOT WRITE IN THIS SPACE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD SAEZ, JOVANNI 8362 PINES BLVD., #120 PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LINCOLN, PATRICIA 8362 PINES BLVD., #120 PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILLIAMS, DIANE 8362 PINES BLVD., #120 PEMBROKE PINES, FL 33024
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Diane Williams* 4/28/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #