


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000078795

1. Entity Name
VESSEL CORP.



Principal Place of Business
**825 EGRET CIRCLE, SUITE A110
 DELRAY BEACH, FL 33444**

Mailing Address
**825 EGRET CIRCLE, SUITE A110
 DELRAY BEACH, FL 33444**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0952503

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ECHEVERRY, OSCAR
 825 EGRET CIR. SUITE A110
 DELRAY BEACH, FL 33444**

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD CIVITA, CARLOS 825 EGRET CIRCLE, SUITE A110 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIVITA, MARTHA 825 EGRET CIRCLE, SUITE A110 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECHEVERRY, OSCAR 825 EGRET CIRCLE, SUITE A110 DELRAY BEACH, FL 33444
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 03/21/05-80035-002 150.00

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: *[Signature]* **OSCAR ECHEVERRY** **3-17-05 (161) 330-2503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #