

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90273 001 ***300.00

DOCUMENT # P99000106577

1. Entity Name
JAMAICA WORLDWIDE SHIPPING INC



Principal Place of Business
**4101 ELREY RD #15A
 ORLANDO, FL 32808-7958**

Mailing Address
**4101 ELREY RD #15A
 ORLANDO, FL 32808-7958**

66008682



2. Principal Place of Business
 Suite, Apt. #, etc. *N*
 City & State *N*
 Zip *N* Country

3. Mailing Address
 Suite, Apt. #, etc. *N*
 City & State *N*
 Zip *N* Country

03222006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3610882 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GABRIEL, SELVIN
 4101 ELREY RD #15A
 ORLANDO, FL 32808**

7. Name and Address of New Registered Agent
 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GABRIEL, SELVIN	
STREET ADDRESS	4101 ELREY RD #15A	
CITY-ST-ZIP	ORLANDO, FL 328087958	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABRIEL, MARLINE	
STREET ADDRESS	4101 ELREY RD #15A	
CITY-ST-ZIP	ORLANDO, FL 328087958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SELVIN GABRIEL *3/26/06* *407 244 9119*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #