

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000158893

**Entity Name:** RAVENSCROFT SHIP MANAGEMENT INC.

**Current Principal Place of Business:**

3251 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3251 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**FEI Number:** 20-4229912

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name HOSKINSON, LEONARD J  
Address 3251 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title DV  
Name ARTHUR, JOHN C  
Address 3251 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name BARNFIELD, YESENIA  
Address 3251 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SCOKIN, DAMIAN  
Address 3251 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name YAD, MARIA C.  
Address 3251 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** YESENIA E. BARNFIELD

**SECRETARY**

**03/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date