

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000099947

Entity Name: SHIP MANAGEMENT SERVICES 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 US**FEI Number:** 27-1441304**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 E
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****12/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date