

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30211

**Entity Name:** NETWORK SHIPPING LTD., INC.

**Current Principal Place of Business:**

241 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 149222  
CORAL GABLES, FL 33114-9222 US

**FEI Number:** 65-0204942

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S. 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:** CT CORPORATION

04/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, CORPORATE FINANCE  
Name VICENTE, MONICA  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name ABU-GHAZALEH, MOHAMMAD  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name ABBAS, MOHAMMED  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name ABBAS, MOHAMMED  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT, GENERAL  
COUNSEL, ASSISTANT SECRETARY  
Name SILVA, EFFIE D.  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VP, SHIPPING OPERATIONS  
Name ANDRADE, SEBASTIAN MONTERO  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name THOMPSON, PETER M.  
Address 241 SEVILLA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY AND RESIDENT  
REPRESENTATIVE  
Name CONTINENTAL CORPORATE  
SERVICES LTD.  
Address 241 SEVILLA AVENUE  
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:** MOHAMMED ABBAS

PRESIDENT

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date