


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 397326**  
1. Entity Name  
**BERNUTH MARINE SHIPPING, INC.**



Principal Place of Business      Mailing Address  
**3163 N.W. SOUTH RIVER DRIVE**      **3163 N.W. SOUTH RIVER DRIVE**  
**MIAMI, FL 33142**      **MIAMI, FL 33142**

**DO NOT WRITE IN THIS SPACE**



04082005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1394984**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MONOCANDILOS, JORDAN**  
**3201 NW 24TH ST RD**  
**MIAMI, FL 33142**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	VD MONCANDILOS, THEODORA 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONCANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHABO, JORGE 320 NW 24 STREET RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDILOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/05-80030-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_