

FROM : FAX


PHONE NO. : 954 781 7930

Apr. 27 2004 09:49AM P2

**FILED**

**Apr 29, 2004 08:00 AM**  
Secretary of State

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 849173</b>	
1. Entity Name CRYSTAL BREEZE COMPANIA NAVIERA S.A., INC.	

Principal Place of Business 750 EAST SAMPLE ROAD POMPANO BEACH, FL 33064	Mailing Address 750 EAST SAMPLE ROAD POMPANO BEACH, FL 33064
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04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1989990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

ANNTON, MARGARET  
750 EAST SAMPLE ROAD, BUILDING 2-SUITE 101  
POMPANO BEACH, FL 33064

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

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04-29-2004-80046-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROUSSOU, ANNA N 12 - 14 BOTSARI STR PIRAEUS, GREECE, 185 38
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Margaret C. Anton Date: 4/27/04  
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Daytime Phone #