

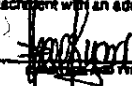
Apr. 30. 2004 1:24PM

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/3/04

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 91060 015 ***150.00

DOCUMENT # F02000004176			
1. Entity Name HISPANIC SHIPPING LINE.COM, CORPORATION			
Principal Place of Business 1799 N.E. 164TH STREET, #111 MIAMI, FL 33162		Mailing Address 1799 N.E. 164TH STREET, #111 MIAMI, FL 33162	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number 56-2297980		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent P&A FINANCIAL SERVICES CORP. 13935 N.W. 1ST AVENUE MIAMI, FL 33168		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 date if applicable. (NOTE: Registered Agent signature required when retreating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
NAME	SMITH SANCHEZ, RICARDO H	NAME	
STREET ADDRESS	30 EAST STREET, #30	STREET ADDRESS	
CITY- ST- ZIP	PANAMA, REP. OF PANAMA	CITY- ST- ZIP	
TITLE	S	TITLE	
NAME	GUILLEN GONZALEZ, WENDY Y	NAME	
STREET ADDRESS	30 EAST STREET, #30	STREET ADDRESS	
CITY- ST- ZIP	PANAMA, REP. OF PANAMA	CITY- ST- ZIP	
TITLE	T	TITLE	
NAME	SALEEDA POYATOS, YATZEL M	NAME	
STREET ADDRESS	30 EAST STREET, #30	STREET ADDRESS	
CITY- ST- ZIP	PANAMA, REP. OF PANAMA	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		04/30/04	
Typed or Printed Name of Signing Officer or Director		Date	