

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F97000001747

1. Entity Name
CARIBBEAN INTERLINER SERVICES N.V.



FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
**4521 P.G.A. BLVD.
SUITE 255
PALM BEACH GARDENS, FL 33418**

Mailing Address
**4521 P.G.A. BLVD.
SUITE 255
PALM BEACH GARDENS, FL 33418**



01082004 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0741403** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HULSKER, WILHELM A.
4521 P.G.A. BLVD. SUITE 255
PALM BEACH GARDENS, FL 33418**

**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

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

NOTE: Registered Agent signature required when reinstating

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE **C**
NAME **HUIZING, ARNOLD**
STREET ADDRESS **PIETERMAAI 1-7, WILLEMSTAD-CURACAO**
CITY-ST-ZIP **NEDERLANDSE ANTILLEN,**

TITLE **P**
NAME **HULSKER, WILHELM A**
STREET ADDRESS **4521 P.G.A. BLVD. SUITE 255**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000001939
01/12/04-80032-006 150.00

**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 an officer who is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.A. HULSKER

Date

Daytime Phone #

01/08-2004

+1-561-7096310