2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# F98000004265

Entity Name: TOPAZ INTERNATIONAL SHIPPING, INC.

Current Principal Place of Business:

C/O KYMA SHIP MANAGEMENT
1015 NORTH AMERICA WAY, #128
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

C/O KYMA SHIP MANAGEMENT
1015 NORTH AMERICA WAY, #128
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 65-0843216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, MARK S
1015 NORTH AMERICA WAY
SUITE 128
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

LAMBROS, KATSOUFIS
1015 NORTH AMERICA WAY
SUITE 128
MIAMI, FL 33132 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: LAMBROS KATSOUFIS 01/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: KOLK, GLENN G
Address: 520 BRICKELL KEY #1606
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: KOLK, HILDA
Address: 520 BRICKELL KEY #1606
City-St-Zip: MIAMI, FL

Title: D (X) Delete
Name: MCAULIFFE, DARBY
Address: 520 BRICKELL KEY #1606
City-St-Zip: MIAMI, FL

Title: P/D ( ) Delete
Name: KATSOUFIS, PARIS G
Address: 1015 NORTH AMERICA WAY
City-St-Zip: MIAMI, FL 33132

Title: T/D ( ) Delete
Name: DAVIS, MARK S
Address: 1015 NORTH AMERICA WAY
City-St-Zip: MIAMI, FL 33132

Title: S/D ( ) Delete
Name: KATSOUFIS, LAMBROS
Address: 1015 NORTH AMERICA WAY SUITE 128
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAMBROS KATSOUFIS S/D 01/06/2005
Electronic Signature of Signing Officer or Director Date