2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURT								SECUCT	LLED		
DOCUMENT # F9900000487								SECRET DIVISION O	ARY OF	STATE	
1. Entity Name									COMPL	RATIONS	
V. SHIPS	AGENCY INC.					芝樹		05 SEP 2	2 AM	0. 00	
								·	с нп	g: 53	
Principal Place of Business Mailing Address											
1015 N. AME	RICA WAY	•	-	1015 N. AMERICA WAY							
SUITE 121			SUITE 121								
MIAMI, FL 33132 US MIAMI, FL 33132 US						[II 4960 GENN BO	IN OLDEL FEIN 1851	EE; 11 EE;
Principal Place of Business 3. Mailing Address											
1001 N. AMERICA WAY Suite, Apt. #, etc.			1001 N. AMERICA WAY Suite, Apt. #, etc.				, , , , , , , , , , , , , , , , , , , ,				
SUITE - 213			SUITE - 213				08012005	Chg-P	CH2E0	34 (10/03)	
City & State MIAMI, FLORIDA			City & State MIAMI, FLORID)A	4. FEI Numbe	-		<u> </u>	plied For t Applicable
Zip 33132 Country USA		Zip Coun					of Status Desired		\$8.75 Addi	itional	
6. Name and Address of Current F				T	7. Name and Address of New Registered Agent						
	G. Halile and Aug.	233 OI OUITEIN I	registered Agent		Name		/. Hama u	Address of the	icyioteree .	-yen	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324					-			· .		***	
					City					Zip Code	
3 The share					<u> </u>	1-1			FL	<u>·</u>	
8. The above the obligat		his statement tor	the purpose of changing	ng its register	red office or	register	ed agent, or bo	th, in the State of Fi	orida. I am	familiar with, a	and accept
SIGNIATH DE											
SIGNATURE					ed Agent signatu	ire required	when reinstating)	 ·	UAIE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.							. 00 May Be	In accordance	with s. 607	'.193(2)(b), l	F.S the
Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation d											
10.	(OFFICERS AND I	DIRECTORS	11.	•		ADDITIONS	L CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	C		☐ Delete	TITE	LE	PRES	SIDENT			Change	☐ Addition
NAME	NAME CRAWFORD, A.S.					_	GIFO, NE	LSON			-
STREET ADDRESS GATE HOUSE, 1 FARRNIGDON STREET					EET ADDRESS	ı	N.W. 13				
CITY-ST-ZIP	LONDON EC4M 7NS, Delete				Y-ST-ZIP		1I, FL 3			□ Chanca	- Addition
TITLE NAME	DEVINE, J.P.	TITE			<u></u>	::::::::::::::::::::::::::::::::::::::	iana.	☐ Change	☐ Addition		
STREET ADDRESS	GATE HOUSE, 1 F	ARRNIGDON	STREET		REET ADDRESS		09/2	22/05010	3400	**15	
1 ·					Y-ST-ZIP						
TITLE	D Delete				LE		ROUP MANAGING DIRECTOR Change Addition RIVEDI, RISHI K.				
NAME BARKER, A.N. STREET ADDRESS GATE HOUSE, 1 FARRNIGDON STREET					ME Reet address				Torrow	C= 0	Dlogo
CITY-ST-ZIP LONDON EC4M 7NS,					Y-ST-ZIP			ommercial <u>DUBAI - L</u>		, Crown	. Plaza
TITLE	MD		Delete	गा	LE		, , , , , , , , , , , , , , , , , , , 	DUDAL		☐ Change	Addition
NAME	RENGIFO, NELSC	N		NA!	ME REET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33182				Y-ST-ZIP						
TITLE			☐ Delete	TIT	LE					☐ Change	☐ Addition
NAME STREET ADDRESS	}			NAI CTC	me Reet address						
CITY-ST-ZIP	j				Y-ST-ZIP						
TITLE			☐ Delete	TIT	LE					☐ Change	☐ Addition
NAME STREET ADDRESS				NA.	ME Reet address						
CITY-ST-ZIP					Y-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)(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											
indicated	certify that the informat	lon supplied will i	trus illing does not qual	that my cian	atura chall h	ave the	came lengt offe	ct so if made under	oath: that I	am an officer	or director
indicated of the cor	d on this report or suppl rporation or the receive	lemental report is r or trustee empo	true and accurate and owered to execute this re	that my sign: eport as requ	ature shall h	nave the	same legal effe	ct as if made under	oath; that I ne appears	am an officer	or director Block 11 if
indicated of the cor	d on this report or supple rporation or the receive l, or on an attachment w	lemental report is r or trustee empo	true and accurate and owered to execute this re with all other like empow	that my sign: eport as requ rered.	ature shall h uired by Cha	apter 607	same legal effe 7, Florida Statut	ct as if made under	ne appears	am an officer in Block 10 or	r Block 11 if