## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # J32731**

1. Entity Name

SEABOARD TAMPA TERMINALS, INC.



FILED May 01, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3455 NW 54TH STREET MIAMI, FL 33142 3455 NW 54TH STREET MIAMI, FL 33142



## DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2741285 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

CTTY-ST-ZIP

SIGNATURE: \_

STORATURE AND TYPED OR FRINTS

## DO NOT WRITE IN THIS SPACE

| 8. The above<br>the obligat   | named entity submits this statement for the plans of registered agent. | purpose of changing its registered of                                       | office of i  | egistered agent, or bo                 | th, in the State of Florida. ( am familiar with, and accept |
|---|--|---|--------------|--|---|
| SIGNATURE -   | Sonature, typed or printed name of registered agent and title          |   |              |  |   |
|   | Summare, typed or premior mether of registered agent and may           | Rappacable. (ROTE: Registered Ag  | ent signatur | ास्त्रपाटर्य भौजा ग्रह्माञ्चळाळू)<br>- | DATE  |
| FILE NOWII! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |  | <ol> <li>Election Campaign Financin<br/>Trust Fund Contribution.</li> </ol> | ° 🗆          | \$5.00 May Ba<br>Added to Fees         |   |
| 10.   | OFFICERS AND DIREC   | TORS  |              |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | DP<br>BLANK, ANDREW<br>3455 NW 54TH STREET<br>MIAMI, FL 33142          |   |              |  | H88888555238  |
| DOLE NAME STREET ADDRESS CITY-ST-ZP                                   | ST<br>FISCHER, ROBERT<br>3455 NW 54TH STREET<br>MIAMI, FL 33142        | ·   |              |  | 05/16/06-80023-011 1 <b>50.00</b>                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZP                                  |  |   |              | DO                                     | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |              | IN .                                   | THIS SPACE  |
| name<br>Street adoress<br>City-St-Zip                                 |  |   |              |  |   |
| TITLE<br>NAME<br>STROET ADDRESS                                       |  |   |              |  |   |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 tike empowered.

E OF SIGNING OFFICER OR DIRECTOR