2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K41897

1. Entity Name
ANTILLEAN MARINE SHIPPING, CORP.

Principal Place of Business
3038 NW NORTH RIVER DR
MIAMI, FL 33142

Mailing Address
3038 NW NORTH RIVER DR
MIAMI, FL 33142

01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0097587
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BABUN, SARA C
3038 NW NORTH RIVER DR
MIAMI, FL 33142

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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 title if applicable (NOTE Registered Agent signature required when reinstating)

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	CD
NAME	BUBUN, JOSE
STREET ADDRESS	3038 NW NORTH RIVER DR
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	PD
NAME	BABUN, SARA C.
STREET ADDRESS	3038 NW NORTH RIVER DR
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VPD
NAME	BABUN, MIREYA
STREET ADDRESS	3038 NW NORTH RIVER DR
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	SVPD
NAME	BABUN, JOSE J
STREET ADDRESS	3038 NW NORTH RIVER DR
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80011-019 150.00

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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 all other like empowered

SIGNATURE: _____ 01-05-2004 (305)633-6361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #