

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90104 039 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0097587	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BABUN, JOSE 3038 NW NORTH RIVER DR MIAMI, FL 33142	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BABUN, SARA C. 3038 NW NORTH RIVER DR MIAMI, FL 33142	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BABUN, MIREYA 3038 NW NORTH RIVER DR MIAMI, FL 33142	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BABUN, JOSE J 3038 NW NORTH RIVER DR MIAMI, FL 33142	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
12. I hereby certify that the information supplied with this filing 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 like empowered.					
SIGNATURE: _____ <i>President, D</i> Date: <i>1-29-07</i> Daytime Phone # _____					