

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L57359

1. Entity Name
INTERNATIONAL SHIPPING PARTNERS, INC.



Principal Place of Business

**4770 BISCAYNE BLVD
PENTHOUSE A
MIAMI, FL 33137 US**

Mailing Address

**4770 BISCAYNE BLVD
PENTHOUSE A
MIAMI, FL 33137 US**

DO NOT WRITE IN THIS SPACE



07272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0187654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLIKEN, WILLIAM B
5915 PONCE DE LEON BOULEVARD
SUITE 63
MIAMI, FL 33146-1523**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WINBERG, PETER
DURHAM HOUSE, DURHAM ST, THE STRAND
LONDON, WC 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LUND, NIELS-ERIK
4770 BISCAYNE BLVD
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ENGSTROM, KENNETH T
4770 BISCAYNE BLVD
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
MILLIKEN, WILLIAM B
5915 PONCE DE LEON BLVD
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOE, LASSE
6857 SUNRISE TERRACE
CORAL GABLES, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CHARMAINE, MORRIS S
4770 BISCAYNE BOULEVARD
MIAMI, FL 33137**

U00000168990
08/02/04-80005-021 150.00

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IN THIS SPACE**

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: **NIELS-ERIK LUND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28-04 305-893-2133
Date Daytime Phone #