

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90010 007 \*\*\*150.00

<b>DOCUMENT # P00000065416</b>					
<b>1. Entity Name</b> INTERNATIONAL PORT SERVICES, INC.					
<b>Principal Place of Business</b> 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131			<b>Mailing Address</b> 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 8390 NW 53 STREET Suite, Apt. #, etc. 220			<b>3. Mailing Address</b> SAME		
<b>City &amp; State</b> Miami, FLORIDA			<b>City &amp; State</b>		
<b>Zip</b> 33166		<b>Country</b> USA		<b>4. FEI Number</b> 52-2260857	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DP <b>NAME</b> SZALAY, ESTEBAN A <b>STREET ADDRESS</b> 701 BRICKELL AVE STE 3000 <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> PUPO, ANTHONY, J. <b>STREET ADDRESS</b> 701 Brickell Ave. Ste 3000 <b>CITY-ST-ZIP</b> Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> BOCCARDO, FEDERICO A <b>STREET ADDRESS</b> 701 BRICKELL AVENUE STE 3000 <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> GONZALEZ, DE SZALAY N <b>STREET ADDRESS</b> 701 BRICKELL AVENUE STE 3000 <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> HAGEN, STEVEN H <b>STREET ADDRESS</b> 701 BRICKELL AVE., STE 3000 <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3.15.04 (305) 418-4070 <small>Date Daytime Phone #</small>		