


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000102333**  
 1. Entity Name  
**INTERORIENT SHIP MANAGEMENT, INC.**



Principal Place of Business 95 MERRICK WAY STE 507 CORAL GABLES, FL 33134	Mailing Address 95 MERRICK WAY STE 507 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1068335</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHREIBER, GERHARDT A ESQ.  
 2222 PONCE DE LEÓN BLVD., PENTHOUSE  
 CORAL GABLES, FL 33134

**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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000000333232  
 04/26/05-80090-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS WILCOCK, MICHAEL 9470 SW 97TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISSOW, JAN 3 THALIA STREET LIMASSOL CYPRUS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEOPHILIDES, SAVVAS 3 THALIA STREE LIMASSOL CYPRUS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPADOPOULOS, THEMIS 3 THALIA ST LIMASSOL CYPRUS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(f), 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: Michael Wilcock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/23/05 Daytime Phone #: 305 474 6003