

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102333

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: INTERORIENT SHIP MANAGEMENT, INC.

**Current Principal Place of Business:**

95 MERRICK WAY  
STE 507  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

95 MERRICK WAY  
STE 507  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1068335      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHREIBER, GERHARDT A ESQ.  
2222 PONCE DE LEON BLVD., PENTHOUSE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

RODON-ALVAREZ, MARYLOU .  
2222 PONCE DE LEON BLVD., PENTHOUSE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MARYLOU RODON-ALVAREZ      04/24/2006  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: WILCOCK, MICHAEL  
Address: 9470 SW 97TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: LISSOW, JAN  
Address: 3 THALIA STREET  
City-St-Zip: LIMASSOL CYPRUS,

Title: D ( ) Delete  
Name: THEOPHILIDES, SAVVAS  
Address: 3 THALIA STREE  
City-St-Zip: LIMASSOL CYPRUS,

Title: D ( ) Delete  
Name: PAPADOPOULOS, THEMIS  
Address: 3 THALIA ST  
City-St-Zip: LIMASSOL CYPRUS,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WILCOCK      PTS      04/24/2006  
Electronic Signature of Signing Officer or Director      Date