

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P01000076299 1. Entity Name SHIPPING SOLUTIONS WORLDWIDE, INC. | |  |
| Principal Place of Business 14748 S.W. 56TH STREET MIAMI, FL 33185 | | Mailing Address 14748 S.W. 56TH STREET MIAMI, FL 33185 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent BERNARDEZ, JUAN 14748 S.W. 56TH STREET MIAMI, FL 33185 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BERNARDEZ, JUAN 14748 S.W. 56TH STREET MIAMI, FL 33185 | DO NOT WRITE IN THIS SPACE 000000352649 05/03/05-80034-023 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BOSCAN, GISELA 14748 S.W. 56TH STREET MIAMI, FL 33185 | |
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| 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:  04/26/05; 305 408 70 20 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |