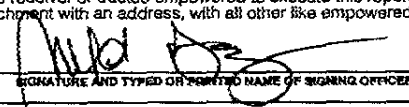


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000078150 1. Entity Name ALTERNATIVES SHIPPING SOLUTIONS, INC.			
Principal Place of Business 3126 SEIGNEURY DRIVE WINDEMERE, FL 34786		Mailing Address 3126 SEIGNEURY DRIVE WINDEMERE, FL 34786	
DO NOT WRITE IN THIS SPACE			
		 04162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 05-0523089 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEZIL, WILDER 3126 SEIGNEURY DRIVE WINDEMERE, FL 34786		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 _____ (NOTE: Registered Agent signature required when relocating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000131800 04/27/04-80020-007 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D LOISEAU, MARTINE 3126 SEIGNEURY DRIVE WINDEMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D DEZIL, WILDER 3126 SEIGNEURY DRIVE WINDEMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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)(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: 		WILDER DEZIL 4/16/04 Date Daytime Phone #	