2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

DOCUMENT # P02000106311 1. Entity Name GLOBAL STEVEDORING SERVICES, INC.				CA I	Secretary of State 04-21-2005 90231 010 ***150.00			
•		Malling Address						
P.O. BOX 21346 TAMPA, FL 33622		20 SOUTH BROAD ST BROOKSVILLE, FL 3		t IRONTEI III REII	2 7 14 8 6771 8 6111 5 6716 1	arani kasia a rrka kuda dukal dikal	1804 M (98)	
2. Principal Place of Business 3. Mailing Address 5428 W.C		CRENSHAW	S7.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.]	Chg-P	CR2E034 (10/03)		
City & State		TAHPA FL		4. FEI Number 37-144398	FEI Number 27-1443982		plied For t Applicable	
Zip	Country	3%34	Country	5. Certificate of St	atus Desired	S8.75 Add Fee Required		
8. Name	and Address of Current	Registered Agent		7. Name and Add	ress of New Re	gistered Agent		
HOGAN, THOMAS S JR.			CHA	CHAS. E. COOMBES				
20 SOUTH BROAD STREET BROOKSVILLE, FL 34601			Street Address	Street Address (P.O. Box Number is Not Acceptable). ST				
			CINTAM	ΡΔ	······································	FL Zips	424	
8. The above name of the submits the statement for the purpose of manging its registered office or registered agent, or both, in the State of Flori the obligations of registered agent.						ida. I am familiar with,	and accept	
	seo agen.	mark	C 1146	E. COOHB	66	4/18/05	-	
SIGNATURE SIGNATURE	or printed name of registered agent	and trie d applicable. (N	OTE: Registered Agent signature req		<u> </u>	DATE	·	
				\$5.00 May Be Added to Fees		-		
10. πιε P	OFFICERS AND		11.	ADDITIONS/CHA	NGES TO OFFIC	CERS AND DIRECTORS		
TITLE P NAME BAVA, TO	NY	, Delete	TITLE NAME			Change	Addition	
l i	ANCHO LOPEZ #41, E IO, PR 00965	BARRIO SABANA	STREET ADDRESS CITY-ST-ZIP					
TITLE VP NAME COOMBES	S, CHARLES E	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS P.O. BOX			STREET ADORESS					
CITY-ST-ZIP TAMPA, FI	Ľ 3362 2		CITY-ST-ZIP				() 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	S, CHARLES E	☐ Delete	TITLE NAME			Change	Addition	
_STREET ADDRESS P.O. BOX CITY-ST-ZIP TAMPA, FI			STREET ADDRESS CITY-ST-ZIP	· · · —				
TILE T		☐ Delete	TILE			☐ Change	☐ Addition	
NAME COOMBES	S, CHARLES E		name Street address					
CITY-SI-ZIP TAMPA, F			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME Street address			name Street address					
CITY-ST-ZIP			CITY-ST-ZIP	·-· -·· · · · · · · · · · · · · · · · ·				
TITLE NAME		☐ Detete	TITLE NAME			Change	Addition	
STREET ADDRESS	,		STREET ADDRESS					
	800 818 x 11 12	· / /	CITY-ST-ZIP		 			
indicated on this report	information	minting 1	for the over-the	Cootion 440 07/01/0	orido Diamina	frether positive	dormoss -	
of the corporation or th	information supplied with tor supplemental report is e receiver or trustee emp	this tiling does not qualify the and accurate and ha	for the exemption stated in at my signature shall have to ort as required by Chapter	n Section 119.07(3)(i), Flohe same legal effect as 607. Florida Statutes: ar	orida Statutes. I If made under oa id that my name	further certify that the in ath; that I am an officer appears in Block 10 or	or director Block 11 if	
of the corporation or the changed, or on an atta	information supplied with tor supplier ental report is e receiver or trustee emp charent with an address.	n this litting does not qualify structure and accurate and his owered to execute this rep with all other like empowers	for the exemption stated in at my synnature shall have to ort as equired by Chapter ed.	n Section 119.07(3)(i), Fl the same legal effect as 607, Florida Statutes; ar	orida Statutes. I if made under or nd that my name	further certify that the in ath; that I am an officer appears in Block 10 or	nformation or director Block 11 if	
of the corporation or the changed, or on an atta	1/1/2 7	this lying does not qualify a rue and accurate and has overed to execute this report with all other like empowers		,	orida Statutes. I If made under or and that my name	further certify that the in ath; that I am an officer appears in Block 10 or	oformation or director Block 11 if	