2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017008

Address:

City-St-Zip:

Entity Name: CENTRAL AMERICAN SHIPPING AGENCY, CORP.

FILED Jan 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1691 WEST 37 STREET BAY 33 HIALEAH, FL 33012				1531 W 62 STREET HIALEAH, FL 33012				
Current Mailing Address:				New Mailing Address:				
1691 WEST 37 STREET BAY 33 HIALEAH, FL 33012				1531 W 62 STREET HIALEAH, FL 33012				
FEI Number	: 32-0060573	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certifica	ate of Status Des	ired ()
Name and	Address of (Current Registered Agent:		Name and	Address o	f New Reg	jistered Agen	t:
VASQUEZ, JOSEPH S 1691 WEST 37 STREET BAY 33 HIALEAH, FL 33012 US				ZIEGLER, SANDRA L 1531 W 62 STREET HIALEAH, FL 33012 US				
	e named entity e of Florida.	submits this statement for the	purpose o	f changing it	ts registered	d office or ı	registered ager	nt, or both,
SIGNATUR	RE: SANDRA				C	1/25/2005		
Election Car		nic Signature of Registered Ag g Trust Fund Contribution ().	ent				Date	
	S AND DIREC			ADDITION	S/CHANGE	S TO OFF	FICERS AND I	DIRECTORS
Title: Name: Address: City-St-Zip:	VILLARS, JAN	7 STREET BAY 33		Title: Name: Address: City-St-Zip:		()Change	() Addition	
Title: Name: Address: City-St-Zip:	VASQUEZ, JO	7 STREET BAY 33		Title: Name: Address: City-St-Zip:	VD VASQUEZ, 3 1691 WEST HIALEAH, FI	37 STREET		
Title: Name: Address: City-St-Zip:	ZIEGLER, SAN	7 STREET BAY 33		Title: Name: Address: City-St-Zip:	PD ZIEGLER, S 1691 WEST HIALEAH, FI	37 STREET		
Title:	() Delete		Title:	GM MEDINA ER	() Change	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

1531 W 62 STREET HIALEAH, FL 33012

SIGNATURE: FROILAN O. MEDINA GM 01/25/2005