

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020525

FILED
Apr 26, 2004
Secretary of State

Entity Name: DONE-RITE SHIPPING, INC.

Current Principal Place of Business:

1818 N.W. LAUDERDALE DRIVE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1818 N.W. LAUDERDALE DRIVE
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-0359036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIN, TREVOR
18418 N.W. 21 STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

BLACK, MATTHEW
17940 NW 6CT
MIAMI, FL 33169 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: MATTHEW BLACK

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: BLACK, MATTHEW E PRESIDE
Address: 17940NW 6CT
City-St-Zip: MIAMI, FL 33169 US

Title: MR () Change (X) Addition
Name: BULTER, EDWIN L V-P
Address: 1818 NW LAUDERDALE DR
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: MR () Change (X) Addition
Name: CAIN, TREVOR J TREASUR
Address: 18418 NW ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MRS () Change (X) Addition
Name: HARRIS, MONICA R SEC
Address: 18947 NORTH MIAMI AVE
City-St-Zip: MIAMI, FL 33169 US

Title: MR () Change (X) Addition
Name: JAMES, EZEKIEL J P R O
Address: 19172 NW 29 CT
City-St-Zip: MIAMI, FL 33056 US

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.

SIGNATURE: MATTHEW BLACK

MR

04/26/2004

Electronic Signature of Signing Officer or Director

Date