

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90028 047 ***158.75

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1. Entity Name

SHIP & DALE INC



Principal Place of Business

329 WEST PALM DRIVE
PBO 176
FLORIDA CITY FL 33034
US

Mailing Address

329 WEST PALM DRIVE
PBO 176
FLORIDA CITY FL 33034
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 901145

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOMESTEAD, FL

4. FEI Number

57-1157907

Applied For

Not Applicable

Zip

Country

Zip

33090-1145

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLELLA, JOAO M
329 WEST PALM DRIVE
FLORIDA CITY FL 33034

Name ..

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME COLELLA, JOAO FRANCISCO M
STREET ADDRESS 329 WEST PALM DRIVE PBO 176
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE VP ☐ Delete
NAME COLELLA, LIDIA MIYOKO
STREET ADDRESS 329 WEST PALM DRIVE PBO 176
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: JOAO FRANCISCO M. COLELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5th 05 (305) 6071808

Date Daytime Phone #