2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 27, 2004 8:00 am Secretary of State **DOCUMENT # P03000036372** 1. Entity Name SHIP TERMINAL LOADING INC. 08-09-2004 90016 008 ***150.00 Mailing Address Principal Place of Business 7895 GRAND CANAL DR. 7895 GRAND CANAL DR. MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08032004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 714020 65-0 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOHAM, DAVID J Street Address (P.O. Box Number is Not Acceptable) 7895 GRAND CANAL DR. MIAMI, FL-33144 City 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 rearre of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change ☐ Addition YOHAM, DAVID J NAME NAME STREET ADDRESS 7895 GRAND CANAL DR. STREET ADDRESS CITY-ST-7IP MIAMI, FL 33144 CITY-ST-ZIP mF ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mne TITLE Dèlete Change | Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TILE Change MALAS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTTE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not quasily for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 it made under oath; that I am an officer or director of the corporation or the receiver of 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 SIGNATURE: Deviena Phone

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