
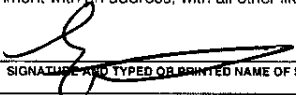


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90045 028 \*\*\*158.75

<b>DOCUMENT # P03000038397</b> 1. Entity Name <b>GLOBAL OCEAN FREIGHT, INC.</b>					
Principal Place of Business <b>4634 NORTH UNIVERSITY DR. LAUDERHILL, FL 33351-5753</b>			Mailing Address <b>4634 NORTH UNIVERSITY DR. LAUDERHILL, FL 33351-5753</b>		
2. Principal Place of Business <b>4634 N. University Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>4634 North University Dr</b> Suite, Apt. #, etc.			
City & State <b>Lauderhill - Florida</b>		City & State <b>Lauderhill - Florida</b>		4. FEI Number <b>74.308.6170</b>	
Zip <b>33351-5753</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COHEN, ERIC 4634 NORTH UNIVERSITY DR. LAUDERHILL, FL 33351-5753</b>			7. Name and Address of New Registered Agent Name <b>ETI COHEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4634 North University Dr</b> City <b>Lauderhill</b> <b>FL</b> Zip Code <b>33351</b>		
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 <b>ETI COHEN</b> <span style="float: right;">02/20/2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ceo ETI COHEN 4634 N University Dr Lauderhill, FL 33351</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>president ERIC COHEN 4634 N University Dr Lauderhill, FL 33351</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>02/20/04 (954) 748-6770 x13</b> <small>Date Daytime Phone #</small>		

66403881



02202004 Chg-P CR2E034 (10/03)