2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90057 037 ***158.75

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1. Entity Name
GLOBAL OCEAN FREIGHT, INC.

20012664

Principal Place of Business	Mailing Address
4634 NORTH UNIVERSITY DR. LAUDERHILL, FL 33351-5753	4634 NORTH UNIVERSITY DR. LAUDERHILL, FL 33351-5753

02142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
74-3086170
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ERIC
4634 NORTH UNIVERSITY DR.
LAUDERHILL, FL 33351-5753

7. Name and Address of New Registered Agent

Name: Eti Kohen
Street Address (P.O. Box Number is Not Acceptable): 4634 North University Drive
City: Lauderhill FL Zip Code: 33351-5753

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: Eti Kohen President X — DATE: 02/14/05
Signature, Typed or printed name of registered agent and title if applicable — (If agent is a corporation, must be signature of an officer or director)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO COHEN, ETI 4634 N. UNIVEERSITY LAUDER HILL, FL 33351	☐ Delete	Eti Kohen	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, ERIC 4634 N. UNIVERSITY DR. FORT LAUDERDALE, FL 33351	☒ Delete	P Eti Kohen	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: _____ 2/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Director or Officer