2005 FOR PROFIT CORPORATION

Secretary to State ABC VESSEL AGENCY, INC.    Principal Place of State State   State	ANNUAL REPORT (AR)				FILED	
Principal Pace of Business  Salt NM SOUTH RIVER DR MAMIF L 33142  2 Principal Pace of Business  Salt NM SOUTH RIVER DR MAMIF L 33142  1 Melting Address  Salt NM SOUTH RIVER DR MAMIF L 33142  1 Melting Address  Salte April 4 etc.  Sure, April 4 et		MENT # P030000581			Jan 27, 2005 08:00 AM Secretary of State	
Salit NW SOUTH RIVER DR MIAMIF L 33142  E. Tho above named entity extensis this statement for the purpose of changing its registered office or registered agent, or both, in the Salit of Florida. I am familiar with, and acceptable of the Salit NW SOUTH RIVER DR School Register of specific or registered agent.  E. Tho above named entity extensis this statement for the purpose of changing its registered office or registered agent, or both, in the Salit of Florida. I am familiar with, and acceptable of the origination of the childson's of registered agent.  E. Tho above named entity extensis this statement for the purpose of changing its registered office or registered agent, or both, in the Salit of Florida. I am familiar with, and acceptable of the origination of the childson's of registered agent.  E. Tho above named entity extensis this statement for the purpose of changing its registered office or registered agent, or both, in the Salit of Florida. I am familiar with, and acceptable of Florida benefit agent of the purpose of changing its registered office or registered agent, or both, in the Salit of Florida. I am familiar with, and acceptable to Florida benefit agent of the purpose of changing its registered office or registered agent, or both, in the Salit of Florida. I am familiar with, and acceptable to Florida benefit agent of the purpose of changing its registered office or registered agent, or both, in the Salit of Florida. I am familiar with, and acceptable to Florida benefit agent of the purpose of changing its registered office or registered agent, or both, in the Salit of Florida. I am familiar with, and acceptable to Florida benefit agent of the purpose of changing its registered office or registered agent.  E. Tho	ABC VES	SEL AGENCY, INC.			cv 1240 last -	
MAMI FL 33142	Principal Place of Business		Mailing Address		CK # TOATE 122 65	
Suites Apt # etc.   Suites App # etc.   Suit				ER DR	: (1/4 (1/4 ) )   4 (1/4 )   111   4 (1/4 )   4 (1/4 )   4 (1/4 )   4 (1/4 )   4 (1/4 )   4 (1/4 )   4 (1/4 )	
City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  Set 75 Address of Current Registered Agent  T. Name and Address of State Page 1. Not Applicable Tee Required  SAENZ, CARLOS A  3611 NW SOUTH RIVER DR  MIAMIFE 33142  City  City  City  City  City  City  City  FL  Zip Code  The debugstions of registered eagent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable before or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable to Press and Department of State  I am familiar with and acceptable or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable to Press and Acceptable to Press and Department of State  I am familiar with and acceptable or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable or Press and Acc	2. Principal Place of Business		3. Mailing Address			
December	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
S. Celebrace of Status Electrical   Face Required   Face Req	City & State		City & State	•	4. FEI Number 06-1697968 Applied For Not Applied.	
Name	Zip	Country	Zip	Country		
SAENZ, CARLOS A S811 NW SQUITH RIVER DR MIAMI FL 33142    City   FL   Zip Code		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
Signature, based or prince same of required agent or driver special princes of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptions of registered agent, based or prince same of required agent and the Population River agent are required share summatice).    FILE NOW!!! FEE IS \$150.00	0.45	-N-7 OADLOO A		Name		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	361	1 NW SOUTH RIVER DR		Street Address	(P.O. Box Number is Not Acceptable)	
### Change   Delete				City	FL Zip Code	
Squarus, back of unred many throgeteed agent and that per beautiful per period flyget signalure required shapet signalur			or the purpose of changing i	ts registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accep-	
### RILE NOW!!! FEE IS \$150.00 ### May 1, 2005 Fee Will Be \$550.00 ### Added to Fees ### Added to Fees ### Added to Fees ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ### D  ### SAENZ, CARLOS A  **SAENZ, CARLOS A  **SAEN	SIGNATURE .		·			
### After May 1, 2005 Fee Will Be \$550.00   Make Check Payable to Florida Department of State   10.			r and trie if applicable (NC	DTE Registered Agent signature require	od when reinstating) DATE	
THE   D   SAENZ, CARLOS A   Delete   SHEET ADDRESS   SHEET ADDRESS   CHY-ST-2P    THE   Delete   SHEET ADDRESS   CHY-ST-2P    THE   SHEET ADDRESS   CHY-ST-2P    SHEET ADDRESS   CHY-ST	After	May 1, 2005 Fee Will Be \$550.0				
NAME   SAENZ, CARLOS A   S611 NW SOUTH RIVER DR   SHEET ADDRESS   SHEET ADDR	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME   STREET ADDRESS   SOLTY-ST-7P   MIAMI FL 33142   STREET ADDRESS   CITY-ST-7P   MIAMI FL 33142   STREET ADDRESS   CITY-ST-7P   STREET ADDRESS   STREET ADDRESS   CITY-ST-7P   STREET ADDRESS	NAME STREET ADDRESS	SAENZ, CARLOS A 3611 NW SOUTH RIVER DR	☐ Delote	NAME STREET ADDRESS	UUUUUI38767 — — —	
NAME   STREET ADDRESS   CITY-ST-7IP   Change   Addition   Change   Change   Constant   Change   Change   Constant   Change   Chan	name Street address	GIL, AIDA R 3611 NW SOUTH RIVER DR	☐ Delete	NAME   GIRFFLADORESS	☐ Change ☐ Addition	
NAME SIREET ADDRESS CITY ST-ZIP  TUTE NAME SIREET ADDRESS CITY ST-ZIP  TUTE NAME SIREET ADDRESS CITY-ST-ZIP  TUTE NAME SIREET ADDRESS CITY-ST-ZIP  TUTE TUTE TUTE TUTE TUTE TUTE TUTE TU	NAME STREET ADDRESS		☐ Delete	NAMF STREET ADDRESS	☐ Change ☐ Additio	
NAME   STREET ADDRESS   STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additto	
NAME         NAME           STPEET ADDRESS         STREFT ADDRESS           City-St-Zip         STY-St-Zip	NAME SIRELI ADDRESS		☐ Delete	NAME SZERODA TEERIS	Change Addition	
49. I haraby cortify that the information cumuliad with this filling does not qualify for the examption etated in Section 119.07(2)(i). Elevida Statutos, 1 further certify that the information	TITLE NAME STPEFT ADDRESS			TITLE NAME STREET AODRESS CITY-ST-ZIP		

I hereby certify that the information supplied with this filling 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 suppliemental 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATOFFICER OR DIRECTOR

01/22/2005

Date

(305)633-8709

Daytime Phone #