

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155940

FILED
Apr 27, 2008
Secretary of State

Entity Name: MIAMI SHIPPING CONSULTANTS, INC.

Current Principal Place of Business:

1810 NW 78 AVE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

20245 NW 7 AVENUE
MIAMI GARDENS, FL 33169

Current Mailing Address:

1810 NW 78 AVE
PEMBROKE PINES, FL 33024

New Mailing Address:

20245 NW 7 AVENUE
MIAMI GARDENS, FL 33169

FEI Number: 20-0504708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, KAREN
1810 NW 78 AVE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

OLSEN, KAREN L P
20245 NW 7 AVENUE
MIAMI GARDENS, FL 33169 US

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.

SIGNATURE: KAREN LEWIS

04/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLSEN, KAREN L P
Address: 1810 NW 78 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MD () Delete
Name: OLSEN, MARTIN MD
Address: 1810 NW 78 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLSEN, KAREN L P
Address: 20245 NW 7 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: MD (X) Change () Addition
Name: OLSEN, MARTIN MD
Address: 20245 NW 7 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN OLSEN

MD

04/27/2008

Electronic Signature of Signing Officer or Director

Date