

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059031

Entity Name: S.B. MARINE CARGO SERVICE, INC.

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

500 WEST 45TH PLACE
HIALEAH, FL 330123863

New Principal Place of Business:

Current Mailing Address:

500 WEST 45TH PLACE
HIALEAH, FL 330123863

New Mailing Address:

FEI Number: 56-2453613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, ABEL
19521 S.W. 308TH STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

SILVA, ABEL
500 WEST 45TH PLACE
HIALEAH, FL 33012 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:

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SILVA, ABEL
Address: 19521 S.W. 308TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: P () Delete
Name: SILVA, ANGEL
Address: 500 WEST 45TH PLACE
City-St-Zip: HIALEAH, FL 330123863

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SILVA, ABEL
Address: 500 WEST 45TH PLACE
City-St-Zip: HIALEAH, FL 33012 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANGEL SILVA

PD

06/24/2009

Electronic Signature of Signing Officer or Director

Date