


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000079090 1. Entity Name TRANZONE SHIPPING, INC. |  |
|---|---|

Principal Place of Business
5475 NE ST.JAMES DRIVE
SUITE #148
PORT ST.LUCIE, FL 34983

Mailing Address
5475 NE ST.JAMES DRIVE
SUITE #148
PORT ST.LUCIE, FL 34983



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 80-0113902 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

ROUZIER, JEAN
5475 NE ST.JAMES DRIVE
SUITE #148
PORT ST.LUCIES, FL 34983

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | SD |
| NAME | ROUZIER, SOPHIA |
| STREET ADDRESS | 18459 PINES BLVD #140 |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33029 |

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | ROUZIER, ROGER |
| STREET ADDRESS | #2 AVE MARIE JEAN |
| CITY-ST-ZIP | PORT AU PRINCE HAITI, |

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | ROUZIER, JOHN |
| STREET ADDRESS | 5475 NE ST.JAMES DRIVE 148 |
| CITY-ST-ZIP | PORT ST.LUCIE, FL 34983 |

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | ROUZIER, ROGER JR |
| STREET ADDRESS | #2 AVE MARIE JEAN |
| CITY-ST-ZIP | PORT AU PRINCE HAITI, |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 SIGNING OFFICER OR DIRECTOR

02/27/07

Date

Daytime Phone # _____