

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000079090**

1. Entity Name  
**TRANSZONE 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**



03282008 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**

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000909708  
05/06/08-80081-001 150.00**

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	

**DO NOT WRITE  
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

Date

Daytime Phone #