

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000091617**

1. Entity Name  
**CARNIVAL SHIPPING COMPANY, INC.**



Principal Place of Business  
**12480 S.W. 97 STREET  
MIAMI, FL 33186 US**

Mailing Address  
**12480 S.W. 97 STREET  
MIAMI, FL 33186 US**

**DO NOT WRITE IN THIS SPACE**



06122006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3102436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHEMALY, JACOB  
12480 S.W. 97TH. STREET  
MIAMI, FL 33186**

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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

000000567320  
06/19/06-80005-001 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	JOSEPHS, WINSTON F
STREET ADDRESS	12480 S.W. 97TH. STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	TREA
NAME	CHEMALY, GLADYS
STREET ADDRESS	12480 S.W. 97TH. STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	V.P.
NAME	CHEMALY, JACOB
STREET ADDRESS	12480 S.W. 97TH. STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SEC.
NAME	CHEMALY, JACOB
STREET ADDRESS	12480 S.W. 97TH. STREET
CITY-ST-ZIP	MIAMI, FL 33186
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

06/14/06

Date

Daytime Phone #