## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000150110

Entity Name: SYMPA SHIPPING PLUS INC

FILED Jan 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

100 TERMINAL DRIVE

FORT PIERCE, FL 34950 US

Current Mailing Address: New Mailing Address:

417 N FEDERAL HWY PO BOX 959

BOYNTON BEACH, FL 33435 US FORT LAUDERDALE, FL 33302 US

FEI Number: 20-1764805 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEZIVAR, JEAN ALIX

BORDES-CIUS, LESLIE I MRS

417 N FEDERAL HWY PO BOX 959

BOYNTON BEACH, FL 33435 US FORT LAUDERDALE, FL 33302 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: LESLIE BORDES-CIUS 01/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: ESTIME, FRITZ Name: ESTIME, FRITZ MR

Address: 417 N FEDERAL HWY Address: PO BOX 959

City-St-Zip: BOYNTON BEACH, FL 33435 US City-St-Zip: FORT LAUDERDALE, FL 33302 US

VΡ Title: VΡ Title: () Delete (X) Change ( ) Addition Name: NEZIVAR, JEAN ALIX Name: BORDES-CIUS, LESLIE I MRS 417 N FEDERAL HWY 5318 ISLAND GYPSY DRIVE Address: Address: BOYNTON BEACH, FL 33435 GREEN ACRES, FL 33463 City-St-Zip: City-St-Zip:

Title: SCTR ( ) Delete Title: ASS (X) Change ( ) Addition

Name: LESLIE I BORDES CIUS, Name: NEZIVAR, JEAN A MR
Address: 417 N FFDFRAL HWY Address: 417 N FFDFRAL HWY

City-St-Zip: BOYNTON BEACH, FL 33435 US City-St-Zip: BOYNTON BEACH, FL 33435 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESLIE I BORDES-CIUS MRS 01/26/2005