


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90035 010 \*\*\*150.00

<b>DOCUMENT # P04000154728</b> 1. Entity Name <b>EASY SHIPPING INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>9737 NW 41ST STREET SUITE 276 MIAMI, FL 33178</b>	Mailing Address <b>9737 NW 41ST STREET SUITE 276 MIAMI, FL 33178</b>
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**DO NOT WRITE IN THIS SPACE**



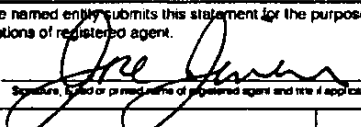
01102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>11-3724859</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent  
**JIMENES, JOSE  
9737 NW 41ST STREET SUITE 276  
MIAMI, FL 33178**

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IN THIS SPACE**

9. 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:  DATE: **3/12/07**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

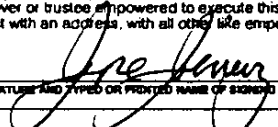
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JIMENES, JOSE 9737 NW 41ST STREET SUITE 276 MIAMI, FL 33178</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Jose Jimenes** **3/1/07** **305-470-2978**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #