FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90299 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMEN I # P05000129783 1. Entity Name DONATO WORLD SHIPPING CORP.						04-13-2000	J02JJ 02	.0 130		
Principal Plac	ce of Business	Mailing Address	Mailing Address				E (10110		
13015 SW 89 PLACE MIAMI, FL 33176		13015 SW 89 PLACE MIAMI, FL 33176					่วเ	0116	37	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Chg-P	CR2E0	34 (11/05)	•	
City & State		City & State				00367			oplied For ot Applicable	
. Zip	Country Zip Cou		ntry	5. Certificate	e of Status Desired		\$8.75 Add Fee_Require			
	8. Name and Address of C	7. Name and Address of New Registered Agent Name								
DONATO, PETER P JR. 13015 SW 89 PLACE MIAMI, FL 33176				Street Address (s (P.O. Box Number is Not Acceptable)					
,										
8 The above	a named entity submits this state	ement for the purpose of changing it	to ropintae	City		- 15 de - 00 de - 4 50	FL	Zip Cod		
the obligate	signature, typed or printed name of register			ed office or register		oth, in the State of Fi		amiliar with,	and accept	
After M	E NOW!!! FEE IS \$150. ay 1, 2006 Fee will be	9. Election Camp. \$550.00 Trust Fund Cor	aign Finar	ncing\$5.	00 May Be ed to Fees		DATE		<u> </u>	
TITLE	P	RS AND DIRECTORS	11. UILI	<u> </u>	ADDITIONS	/CHANGES TO OFF	FICERS AND	DIRECTOR:	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DONATO, PETER P JR. 15533 SW 168 TERRACE MIAMI, FL 33187	— -	NAM Sire					Onlings		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				☐ Change	Addition	
NAME STREET ADDRESS CITY+ST+ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delate				74		☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delpte	CITY-	ET ADDRESS -ST-ZIP				☐ Change	Addition	
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 SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR Up Date Date Dayline Phone .										