2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000165205

1. Entity Name

FLORIDA SHIPPING GROUP, INC.



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

Principal Place of Business

100 SW ALBANY AVENUE

SUITE 300 STUART, FL 34994 Mailing Address

100 SW ALBANY AVENUE

SUITE 300

STUART, FL 34994



DO NOT WRITE IN THIS SPACE

04162008 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 90-0259156

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARRO, PASQUALE 100 SW ALBANY AVENUE SUITE 300 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

STUART, FL 34994			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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			·	Haaaaaaaaa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ZARRO, PASQUALE 100 SW ALBANY AVENUE #300 STUART, FL 34994				000000909926 05/06/08-80089-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO LARGE, LEWIS 1379 SW VICUNA LANE PORT ST. LUCIE, FL				
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;		IN .	THIS SPACE
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 (172) 288-525