

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000075144

FILED
Mar 12, 2009
Secretary of State**Entity Name:** TRANSBULK SHIPPING LINES INC**Current Principal Place of Business:**5850 CORAL RIDGE DR
308
CORAL SPRINGS, FL 33076**New Principal Place of Business:****Current Mailing Address:**5850 CORAL RIDGE DR
308
CORAL SPRINGS, FL 33076**New Mailing Address:****FEI Number:** 26-3147172**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOCANEGRA, ALEXIS L
5850 CORAL RIDGE DR
308
CORAL SPRINGS, FL 33076 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOCANEGRA, ALEXIS L
Address: 5850 CORAL RIDGE DR SUITE 308
City-St-Zip: CORAL RIDGE, FL 33076

Title: VP (X) Delete
Name: BURGOS, LUIS
Address: 5850 CORAL RIDGE DR SUITE 308
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TS () Delete
Name: PELLETIER, MARIANA
Address: 5850 CORAL RIDGE DR SUITE 308
City-St-Zip: CORAL SPRINGS, FL 33076

Title: COO () Delete
Name: DURAND, CARLOS
Address: 5850 CORAL RIDGE DR STE 308
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALEXIS L BOCANEGRA

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date