

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087291

FILED
Mar 12, 2009
Secretary of State

Entity Name: PEARLSON SHIPLIFT CORPORATION

Current Principal Place of Business:

12030 SW 114 PLACE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

12030 SW 114 PLACE
MIAMI, FL 33176

New Mailing Address:

PO BOX 560100
MIAMI, FL 33256

FEI Number: 90-0421446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAIND, BRYAN S ESQ.
12030 SW 114 PLACE
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEARLSON, DOUGLAS
Address: 12030 SW 114 PLACE
City-St-Zip: MIAMI, FL 33176

Title: VSD () Delete
Name: FRAIND, BRYAN S
Address: 12030 SW 114 PLACE
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: CHINICK, ROBERT
Address: 12030 SW 114 PLACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEARLSON, DOUGLAS
Address: PO BOX 560100
City-St-Zip: MIAMI, FL 33256

Title: VSD (X) Change () Addition
Name: FRAIND, BRYAN S
Address: PO BOX 560100
City-St-Zip: MIAMI, FL 33256

Title: TD (X) Change () Addition
Name: CHINICK, ROBERT
Address: PO BOX 560100
City-St-Zip: MIAMI, FL 33256

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: DOUGLAS PEARLSON

P

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date