


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P27266 1. Entity Name ALLIANCE SHIPPERS, INC.	
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Principal Place of Business 516 SYLVAN AVE ENGLEWOOD CLIFFS, NJ 07632	Mailing Address 516 SYLVAN AVE ENGLEWOOD CLIFFS, NJ 07632
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2159176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEFCOURT, RONALD 516 SYLVAN AVE ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHWED, RONALD T. 15515 S 70TH CT ORLAND PARK, IL 60462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEFCOURT, JONATHAN 516 SYLVAN AVE ENGLEWOOD CLIFFS, NJ 07632
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jonathan LeFcourt 2/4/05 201-227-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #