2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000093236

1. Entity Name
ATLANTIC & CARIBBEAN SHIPPING CO. INC.

Principal Place of Business	Mailing Address
C/O GEORGE R. FUNARO & CO. PC ONE PENN PLAZA, SUITE 3515 NEW YORK, NY 10119	C/O GEORGE R. FUNARO & CO. PC ONE PENN PLAZA, SUITE 3515 NEW YORK, NY 10119

DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3410488
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOSKO, JEFF
1400 NE 54TH ST
FORT LAUDERDALE, FL 33334

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KOSKO, JEFF
STREET ADDRESS	1400 NORTHEAST 54TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	AMERI, MAURIZIO
STREET ADDRESS	ONE PENN PLAZA STE 3515
CITY-ST-ZIP	NEW YORK, NY
TITLE	S
NAME	SAMAROO, HARI K
STREET ADDRESS	ONE PENN PLAZA STE 3515
CITY-ST-ZIP	NEW YORK, NY
TITLE	D
NAME	SATLIN, SHELDON
STREET ADDRESS	ONE PENN PLAZA STE 3515
CITY-ST-ZIP	NEW YORK, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80188-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MAURIZIO AMERI 04/26/04 (212) 947-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #