

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093236

FILED  
Aug 23, 2006  
Secretary of State

Entity Name: ATLANTIC & CARIBBEAN SHIPPING CO. INC.

## Current Principal Place of Business:

C/O JEFF KOSKO  
1400 NE 54TH STREET  
FORT LAUDERDALE, FL 33334

## Current Mailing Address:

C/O JEFF KOSKO  
1400 NE 54TH STREET  
FORT LAUDERDALE, FL 33334

## New Principal Place of Business:

C/O JEFF KOSKO  
4025 N FEDERAL HWAY # 173 A  
FORT LAUDERDALE, FL 33308

## New Mailing Address:

C/O JEFF KOSKO  
4025 N FEDERAL HWAY # 173 A  
FORT LAUDERDALE, FL 33308

FEI Number: 59-3410488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KOSKO, JEFF  
4025 N FEDERAL HWAY # 173 A  
FORT LAUDERDALE, FL 33308 US

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: JEFF KOSKO

08/23/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: KOSKO, JEFF  
Address: 1400 NORTHEAST 54TH ST  
City-St-Zip: FT LAUDERDALE, FL

Title: VD ( ) Delete  
Name: AMERI, MAURIZIO  
Address: ONE PENN PLAZA STE 3515  
City-St-Zip: NEW YORK, NY

Title: S ( ) Delete  
Name: SAMAROO, HARI K  
Address: ONE PENN PLAZA STE 3515  
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete  
Name: SATLIN, SHELDON  
Address: ONE PENN PLAZA STE 3515  
City-St-Zip: NEW YORK, NY

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: KOSKO, JEFF  
Address: 4025 N FEDERAL HWAY # 173 A  
City-St-Zip: FT LAUDERDALE, FL 33308

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 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: MAURIZIO AMERI

VD

08/23/2006

Electronic Signature of Signing Officer or Director

Date