

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-17-2004 90025 028 ***150.00

DOCUMENT # P97000023475	
1. Entity Name GLOBAL SHIPPING & FREIGHT INTERNATIONAL, INC.	

Principal Place of Business 4405 WEST SOUTH AVENUE UNIT C TAMPA FL 33614-6445	Mailing Address 4405 WEST SOUTH AVENUE UNIT C TAMPA FL 33614-6445
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66403141



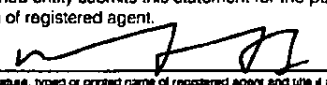
MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt., #, etc.	Suite, Apt., #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3484990	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAHLOUL, SAM 4405 WEST SOUTH AVENUE UNIT C TAMPA FL 33614-6445	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

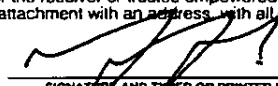
(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAHLOUL, SAM 4405 WEST SOUTH AVENUE UNIT C TAMPA FL 33614-6445 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **3/31/04** **913-871-2911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #