2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089043

Entity Name: CARJAM SHIPPING, INC.

FILED Apr 06, 2004 Secretary of State

Current Mailing Address: New Mailing Address: New Mailing Address: S507 NW 72ND AVE MIAMI, FL 33166 FEI Number: 65-0788922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHARLES KINKEAD S507 NW 72 AVE MIAMI, FL 33166 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or to in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS: Address: S507 NW 72ND AVE Address: S507 NW 72ND AVE Address: City-St-Zip: Title: D () Delete Name: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: D () Delete Name: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: D () Delete Name: CHRISTIE, DEUROY Name: CHRISTIE, DWIGHT Name: CHY-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title:	Current Principal Place of Business:			New Principal Place of Business:	
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MIAMI, FL 33166 FEI Number: 65-0788922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: CHARLES KINKEAD 5507 NW 72 AVE MIAMI, FL 33166 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or to in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Name: KINKEAD, CHARLES Address: S07 NW 72ND AVE City-St-Zip: MIAMI, FL 33166 City	Current N	lailing Addres	ss:	New Mailing Addre	ess:
Name and Address of Current Registered Agent: CHARLES KINKEAD 5507 NW 72 AVE MIAMI, FL 33166 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Title: () Change () Addition Name: Address: City-St-Zip: MiAMI, FL 33166 City-St-Zip: MiAMI, F					
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5507 NW 72 AVE MIAMI, FL 33166 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or to in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	5507 NW	72 AVE			
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	Name: Address:	BROWN, PATR 5507 NW 72ND	ICK OAVE	Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES KINKEAD PRES 04/06/2004