

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000014041

1. Entity Name
EURO-CARIBE SHIPPING LINES, INC.



Principal Place of Business

**9200 S DADELAND BLVD SUITE 412
MIAMI, FL 33156**

Mailing Address

**9200 S DADELAND BLVD SUITE 412
MIAMI, FL 33156**



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0813385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOREN, BARRY M ESQ
9200 S DADELAND BLVD SUITE 412
MIAMI, FL 33156**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000278861
03/28/05-80040-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOMINELLI, JOHN
STREET ADDRESS	9200 S DADELAND BLVD SUITE 412
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	O'SHEA, GEORGE M
STREET ADDRESS	888 S ANDRES AVE S-301
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #