


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90294 008 \*\*\*150.00

<b>DOCUMENT # P98000014041</b>	
1. Entity Name <b>EURO-CARIBE SHIPPING LINES, INC.</b>	

Principal Place of Business <b>9200 S DADELAND BLVD SUITE 412 MIAMI, FL 33156</b>	Mailing Address <b>9200 S DADELAND BLVD SUITE 412 MIAMI, FL 33156</b>
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2. Principal Place of Business <b>1800 SE 10 AVE</b> Suite, Apt. #, etc. <b>SUITE 230</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33316</b> Country <b>USA</b>	3. Mailing Address <b>1800 SE 10 AVE</b> Suite, Apt. #, etc. <b>SUITE 230</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33316</b> Country <b>USA</b>
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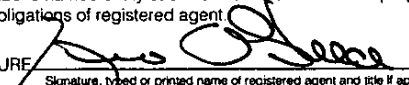


03072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0813385</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BOREN, BARRY M ESQ 9200 S DADELAND BLVD SUITE 412 MIAMI, FL 33156</b>	7. Name and Address of New Registered Agent Name <b>GEORGE O'SHEA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 SE 10 AVE</b> <b>SUITE 230</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33316</b>
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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 **3-31-2006**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>TOMINELLI, JOHN</b> <b>9200 S DADELAND BLVD SUITE 412</b> <b>MIAMI, FL 33156</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'SHEA, GEORGE M</b> <b>888 S ANDRES AVE S-301</b> <b>FORT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEORGE M O'SHEA</b> <b>1800 SE 10 AVE SUITE 230</b> <b>FORT LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **3-31-2006** DAYTIME PHONE # **954-822-3885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR