

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90029 014 ***150.00

DOCUMENT # S01906

1. Entity Name
SEABOARD SHIP MANAGEMENT INC.



Principal Place of Business
**1551 SAWGRASS CORP PKWY
SUITE 200
SUNRISE, FL 33323 US**

Mailing Address
**1551 SAWGRASS CORP PKWY
SUITE 200
SUNRISE, FL 33323 US**

DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0218955

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRESKY, H. HARRY
STREET ADDRESS	200 BOYLSTON ST.
CITY-ST-ZIP	CHESTNUT HILL, MA
TITLE	V
NAME	WADHWA, NARINDER
STREET ADDRESS	1551 SAWGRASS CORP PKWY SUITE 200
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	VT
NAME	EWING, DOUG
STREET ADDRESS	1551 SAWGRASS CORP PKWY SUITE 200
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	S
NAME	TUTUN, MARSHALL
STREET ADDRESS	1551 SAWGRASS CORP PKWY SUITE 200
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	CONT
NAME	WINSELMANN, KURT
STREET ADDRESS	1551 SAWGRASS CORP PKWY SUITE 200
CITY-ST-ZIP	SUNRISE, FL 33323
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 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:

Kurt Winselmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt Winselmann

Date

Daytime Phone #

2/2/07 954-858-2543