


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # S48049
 1. Entity Name
SHIP OR LAND OPERATIONS AGENCY, INC.



Principal Place of Business 469 N.E. 189TH STREET MIAMI, FL 33179	Mailing Address 469 N.E. 189TH STREET MIAMI, FL 33179
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DO NOT WRITE IN THIS SPACE



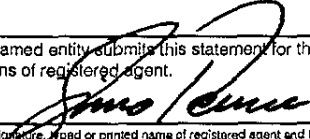
03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0265591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SABRA, RICHARD B ESQ
 ATKINSON, DINER, STONE, & MANKUTA, PA
 1946 TYLER STREET
 HOLLYWOOD, FL 33022

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

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

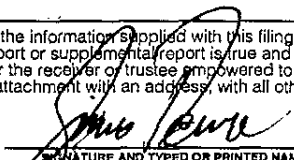
1100000281947
 04/07/05-80048-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSSON, KENNETH 469 N.E. 189TH ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERVO, SIMO 469 NE 189TH ST MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 4/1/2005 DAYTIME PHONE #: 305 655 0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR