2004 FOR PROFIT CORPORATION

ITTLE

NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

FILED Apr 08, 2004 08:00 AM Secretary of State

IN THIS SPACE

ANTIONE INEFORT			Secretary of State			
DOCUMENT # V01477 1. Entity Name EMERALD SHIPPING CO.	-					
Principal Place of Business 9395 CENTRAL STREET MICCO, FL 32976	Mailing Address 9395 CENTRAL ST. MICCO, FL 32976 US					
DO NOT WO	ITE IN THIS SPA	ACE	03312004	No Chg-P	CR2E034 (10/03)	
DO NOT WA		HUE	4. FEI Numb 59-311		Applied Not App	
			5. Certificate	of Status Desired	\$8.75 Additional Fee Required	1
6. Name and Address of C	urrent Registered Agent					
REESE, BARBARA 9395 CENTRAL ST MICCO, FL 32976			· -	NOT W THIS SF		
The above named entity submits this state the obligations of registered agent. SIGNATURE Signature, tood or printed name of register Signature, tood or printed name of register.		stered office or registe Stered Agent signature require		ith, in the State of Bo	orlda. I am familiar with, and a	iccept
FILE NOW!!! FEE IS \$150. After May 1, 2004 Fee will be			.00 May Be led to Fees			
10. OFFICEF ITLE VTD NAME REESE, BARBARA ANN STREET ADDRESS CITY ST JIP MICCO, FL TITLE NAME STREET ADDRESS CITY-ST JIP	S AND DIRECTORS			U00000 U4/U8/U4-	106468 80016-022 150.0	0
INLE NAME SIREET ADDRESS GITY-SS-789			DO	NOT W	/RITE	

12. It 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 cartify 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: BAKBARA ANN ROSE UT Warburs Um Please Garil 4 2004 172-66 4-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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