2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22491

Title:

Name: Address:

City-St-Zip:

DVP

WELCH, RICHARD

8375 NW 56 ST

MIAMI, FL 33166

() Delete

Entity Name: SHIPS MACHINERY INTERNATIONAL INC.

FILED Jan 12, 2005 Secretary of State

LINITY NAME. SHIPS MACHINERY INTERNATIONAL, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
8375 NW 56 STREET 1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD. MIAMI, FL 33166 US				8375 NW 56 STREET MIAMI, FL 33166 US		
Current Mailing Address:				New Mailing Address:		
8375 NW 56 STREET 1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD. MIAMI, FL 33166 US				8375 NW 56 STREET MIAMI, FL 33166 US		
FEI Number:	65-0347162	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
JACOBS, KAI 201 S BAYSHORE DR #1500 MIAMI, FL 33133 US				JACOBS, KAI 201 S BISCAYNE BLVD. #1500 MIAMI, FL 33133 US		
The above in the State		ubmits this statement for the pu	urpose of	changing its registered of	office or registered agent, or both,	
SIGNATURE:				01/12/2005		
	Electron	ic Signature of Registered Ager	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () KRAUTKEMER, 8375 NW 56 ST MIAMI, FL			Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	STD () LEON, EMILIO 8375 NW 56 ST MIAMI, FL 3316			Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () KRAUTMAKER, 8375 NW 56 ST MIAMI, FL 3316			Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EMILIO P. LEON SECY 01/12/2005

() Change () Addition