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Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90341 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V71551

1. Entity Name
QUALITY SHIPPING SUPPLY INC.

50038489

Principal Place of Business	Mailing Address
3212 N 40TH STREET #703 TAMPA, FL 33605	P.O. BOX 75955 TAMPA, FL 33605

04092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 4940 EAST BUSCH BLVD.		3. Mailing Address: P O BOX 75955	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA FL		City & State: TAMPA FL	
Zip: 33617	Country: USA	Zip: 33675	Country: USA

4. FEI Number: 59-3145276 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IQBAL, SYED 18006 PALM BREEZE DRIVE TAMPA, FL 33647	Name: IQBAL SYED Street Address (P.O. Box Number is Not Acceptable): 10604 CORY LAKE DRIVE City: TAMPA FL Zip Code: 33647

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IQBAL, SYED R 18006 PALM BREEZE TAMPA, FL 33647	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IQBAL SYED R 10604 CORY LAKE DRIVE TAMPA FL 33647	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 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: ______________________ 4/18/05 813 310 4286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #