


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000004436	
1. Entity Name ALONSO SHIPPING COMPANY	

Principal Place of Business 7855 NW 12TH STREET 216 MIAMI, FL 33126	Mailing Address PO BOX 523927 MIAMI, FL 33152
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0791349	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEGURA, ANA MARIA 13951 SW 66TH STREET # 909-A MIAMI, FL 33183

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUGURA, ANA MARIA 13951 S W 66TH ST #909-A MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMEZ, LILLY 38 S W 136TH PLACE MIAMI, FL 33184
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01/16/07-80018-007 158.75

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: Lilly Gomez 1-8-07 305-592-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #