


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

01-18-2008 90007 032 ***158.75

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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**

DO NOT WRITE IN THIS SPACE

66004103



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
72-0791349

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

**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 *Lily Gomez* **Lily Gomez, Vice-President** **1-14-08**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUGURA, ANA MARIA
STREET ADDRESS	13951 S W 66TH ST #909-A
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	V
NAME	GOMEZ, LILLY
STREET ADDRESS	38 S W 136TH PLACE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **3/10/08 305592-0850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #