

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90136 037 ***150.00

DOCUMENT # P05000080557

1. Entity Name: **UNITY SHIPPING, INC.**



Principal Place of Business
10305 NW 41ST STREET - SUITE 135
MIAMI, FL 33178

Mailing Address
10305 NW 41ST STREET - SUITE 135
MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #
10300 NW 19 St

3. Mailing Address
10300 NW 19th Street

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
Miami FL

City & State
Miami FL

Zip
33172

Country
USA

Zip
33172

Country
USA

03292007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2993474

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEROJAS, ALBERTO
10305 NW 41 STREET
SUITE 135
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name **De Rojas Alberto**

Street Address (P.O. Box Number is Not Acceptable)

10300 NW 19 Street ste 104

City **Miami**

FL

Zip Code **33172**

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

3/30/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **PDS** ☐ Delete
STREET ADDRESS **DEROJAS, ALBERTO**
CITY-ST-ZIP **10305 NW 41ST STREET - SUITE 135**
MIAMI, FL 33178

TITLE
NAME **V** ☐ Delete
STREET ADDRESS **CALDERON, STEVEN**
CITY-ST-ZIP **10305 NW 41ST STREET - SUITE 135**
MIAMI, FL 33178

TITLE
NAME **S** ☐ Delete
STREET ADDRESS **DE ROJAS, ALBERT**
CITY-ST-ZIP **10305 NW 41ST STREET - SUITE 135**
MIMI, FL 33178

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

Daytime Phone #