


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90005 034 ***158.75

DOCUMENT # 397326

1. Entity Name
BERNUTH MARINE SHIPPING, INC.



Principal Place of Business Mailing Address
3163 N.W. SOUTH RIVER DRIVE **3163 N.W. SOUTH RIVER DRIVE**
MIAMI, FL 33142 **MIAMI, FL 33142**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-1394984 Not Applicable

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

6. Name and Address of Current Registered Agent

MONOCANDILOS, JORDAN
3201 NW 24TH ST RD
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

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	VD	<input type="checkbox"/> Delete
NAME	MONCANDILOS, THEODORA	
STREET ADDRESS	3201 NW 24TH ST RD	
CITY-ST-ZIP	MIAMI, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MONCANDILOS, JORDAN	
STREET ADDRESS	3201 NW 24TH ST RD	
CITY-ST-ZIP	MIAMI, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHABO, JORGE	
STREET ADDRESS	320 NW 24 STREET RD	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONOCANDILOS, NICOLAS	
STREET ADDRESS	3201 NW 24TH ST RD	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANGELIA (LINA) MONOCANDILOS	
STREET ADDRESS	3201 NW 24TH ST RD	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jordan Monocandilos Date: 01/11/07 Daytime Phone #: 305-833-7711