

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001080**

1. Entity Name  
**UNITED AMERICAS SHIPPING SERVICES, INC.**



Principal Place of Business  
**1 ALHAMBRA PLAZA  
1405  
CORAL GABLES, FL 33134**

Mailing Address  
**1 ALHAMBRA PLAZA  
1405  
CORAL GABLES, FL 33134**



03222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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|---|--|
| 4. FEI Number<br><b>76-0683790</b>                        | Applied For<br><input type="checkbox"/>  |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

**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

U00000734160  
05/09/07-80116-003 150.00

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>BERREBI, DANIEL<br>1 ALHAMBRA PLAZA SUITE 1405<br>CORAL GABLES, FL 33135 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVT<br>BERREBI, MICHELL<br>1 ALHAMBRA PLAZA SUITE 1405<br>CORAL GABLES, FL 33134 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDS<br>HINSON, JOSEPH J<br>1 ALHAMBRA PLAZA SUITE 1405<br>CORAL GABLES, FL 33134 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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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:** Joseph J. Hinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 305-537-072  
Date Daytime Phone #