


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F67232**  
 1. Entity Name  
**DELMAR STEAMSHIP AGENCY, INC.**



Principal Place of Business      Mailing Address  
**1670 N.W. 94TH AVE.**      **1670 N.W. 94TH AVE.**  
**MIAMI, FL 33172-2836 US**      **MIAMI, FL 33172 US**

**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2162905</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**DAGO, DEL C**  
**1670 N.W. 94TH AVENUE**  
**MIAMI, FL 33172**

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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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEL DAGO, ROSA 1670 N.W. 94TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEL DAGO, CARMEN 1670 N.W. 94TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEL DAGO, MANUEL 1670 N.W. 94TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/12/04-80042-005 150.00

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Manuel Del Dago - Secretary      Date: 3/10/04      Daytime Phone #: (305) 599-1942