
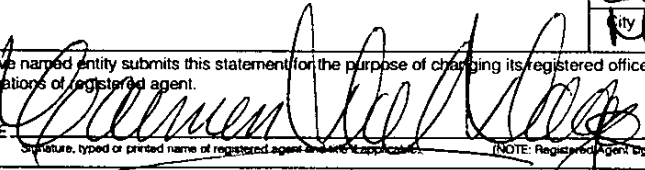
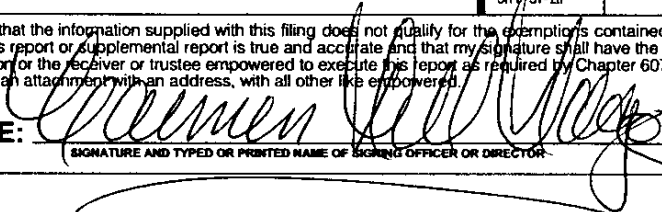


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 035 ***150.00

DOCUMENT # F67232			
1. Entity Name DELMAR STEAMSHIP AGENCY, INC.			
Principal Place of Business 1670 N.W. 94TH AVE. MIAMI, FL 33172-2836 US		Mailing Address 1670 N.W. 94TH AVE. MIAMI, FL 33172 US	
2. Principal Place of Business - No P.O. Box # 999 Brickell Bay Drive, Ste #1010		3. Mailing Address 999 Brickell Bay Drive, Ste #1010	
Suite, Apt. #, etc. Drive, Ste #1010		Suite, Apt. #, etc. Drive, Ste #1010	
City & State Miami, FL		City & State Miami, FL	
Zip 33131		Country USA	
Country USA		Country USA	
4. FEI Number 59-2162905		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAGO, DEL C 1670 N.W. 94TH AVENUE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: CARMEN DEL DAGO Street Address (P.O. Box Number is Not Acceptable): 999 BRICKELL BAY DRIVE, SUITE #1010 City: Miami FL Zip Code: 33131	
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: 1/20/07	
SIGNATURE, typed or printed name of registered agent is not 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL DAGO, ROSA 1670 N.W. 94TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL DAGO, ROSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 BRICKELL BAY DRIVE, Ste #1010 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEL DAGO, CARMEN 1670 N.W. 94TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEL DAGO, CARMEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 BRICKELL BAY DRIVE, Ste #1010 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL DAGO, MANUEL 1670 N.W. 94TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL DAGO, MANUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 BRICKELL BAY DRIVE, Ste #1010 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 1/20/07 371-2810	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	