

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-19-2007 90020 035 \*\*\*150.00

<b>DOCUMENT # F67232</b> 1. Entity Name <b>DELMAR STEAMSHIP AGENCY, INC.</b>			
Principal Place of Business <b>1670 N.W. 94TH AVE. MIAMI, FL 33172-2836 US</b>		Mailing Address <b>1670 N.W. 94TH AVE. MIAMI, FL 33172 US</b>	
2. Principal Place of Business - No P.O. Box # <b>999 Brickell Bay Drive, Ste #1010</b>		3. Mailing Address <b>999 Brickell Bay Drive, Ste #1010</b>	
Suite, Apt. #, etc. <b>Drive, Ste #1010</b>		Suite, Apt. #, etc. <b>Drive, Ste #1010</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33131</b>		Zip <b>33131</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2162905</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAGO, DEL C 1670 N.W. 94TH AVENUE MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent  <b>Carmen Del Dago 999 Brickell Bay Drive, Suite #1010 Miami, FL 33131</b>	
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: <u><i>Carmen Del Dago</i></u> DATE: <u>1/20/07</u> <small>(Signature, typed or printed name of registered agent is not applicable) (NOTE: Registered Agent Signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE VD NAME DEL DAGO, ROSA STREET ADDRESS 1670 N.W. 94TH AVENUE CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE VD NAME DEL DAGO, ROSA STREET ADDRESS 999 Brickell Bay Drive, Ste #1010 CITY-ST-ZIP Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME DEL DAGO, CARMEN STREET ADDRESS 1670 N.W. 94TH AVENUE CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE STD NAME DEL DAGO, CARMEN STREET ADDRESS 999 Brickell Bay Drive, Ste #1010 CITY-ST-ZIP Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME DEL DAGO, MANUEL STREET ADDRESS 1670 N.W. 94TH AVENUE CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE PD NAME DEL DAGO, MANUEL STREET ADDRESS 999 Brickell Bay Drive, Ste #1010 CITY-ST-ZIP Miami, FL 33131	<input checked="" 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
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: <u><i>Carmen Del Dago</i></u>		Date: <u>1/20/07</u> Daytime Phone #: <u>371-2810</u>	