


FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90197 025 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L05000089921 | | | |  | |
| 1. Entity Name F&A SHIPPING LLC | | | | | |
| Principal Place of Business 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180 | | | Mailing Address 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180 | | |
| 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 | 4. FEI Number 56-2530492 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007. | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALIEV, FAZIL 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180 <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 | MGR KATUNINA, ANNA 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Anna S. Katunina Rodriguez</i> <i>2845 NE 185 St. # 906</i> <i>Aventura, FL 33180</i> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOVERDA, IOURI 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Anna S. Katunina Rodriguez</i> Vice Operating Manager <i>A. Katunina Rodriguez</i> 03/14/07 9546658295 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date Daytime Phone # | | | | | |

60029334



03142007 Chg-LLC CR2E083 (12/06)