2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000065344

Entity Name: ALPHA SHIPPING AGENCIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
6500 NW 72 AVENUE MEDLEY, FL 33166 US	6500 NW 72 AVENUE MIAMI, FL 33166 US

Current Mailing Address:	**New Mailing Address:**
1400 SEABAY ROAD WESTON, FL 33328 US	6163 MIAMI LAKES DR E MIAMI LAKES, FL 33014 US

FEI Number: FEI Number Applied For ( )   FEI Number Not Applicable (X)   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
KEATS, STEVEN 1400 SEABAY ROAD WESTON, FL 33328 US	EDWARD GARCIA, INC 6163 MIAMI LAKES DR E MIAMI LAKES, FL 33014 US

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.

SIGNATURE: EDWARD GARCIA   02/08/2008
_____
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Name: KEATS, STEVEN Address: 1400 SEABAY ROAD City-St-Zip: WESTON, FL 33328 US	Title: MGRM (X) Change ( ) Addition Name: KEATS, STEVEN J Address: 6500 NW 72 AVENUE City-St-Zip: MIAMI, FL 33166 US
Title: VP ( ) Delete Name: THORNE, ANDREW Address: 18199 NORTH BAY ROAD APT 608 City-St-Zip: SUNNY ISLES, FL 33160	Title: VP (X) Change ( ) Addition Name: THORNE, ANDREW P Address: 6500 NW 72 AVENUE City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN KEATS   MGRM   02/08/2008
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          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date