

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED 4/08
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000146740

1. Entity Name
SEAFREIGHT AGENCIES (USA), INC.



Principal Place of Business
**2800 NW 105 AVE
DORAL, FL 33172**

Mailing Address
**2800 NW 105 AVE
DORAL, FL 33172**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3729367

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALINS-SMITH, ROLAND
2800 NW 105TH AVE.
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MALINS-SMITH, ROLAND
STREET ADDRESS	2800 NW 105TH AVE.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TD
NAME	PEREZ, JOSE A
STREET ADDRESS	6810 PINEHURST DRIVE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	ROSS, DAVID
STREET ADDRESS	1040 NW 156TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	DEOSARAN, TREVOR
STREET ADDRESS	2845 VISTA DEL VALLE
CITY-ST-ZIP	MORGAN HILL, CA 95037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000922738
05/16/08-80002-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE A PEREZ

4/21/08

305 592 6060