

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90002 025 \*\*\*158.15  
563932

FILED

05 OCT 17 AM 9:20

SECRETARY STATE  
TALLAHASSEE, FLORIDA  
RECORDS OCT 2 2005 50053776

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                            |                                                                     |                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 563932</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                                            |                                                                     |                           |  |
| 1. Entity Name<br><b>E.C. CRATING AND WAREHOUSE CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                            |                                                                     |                                                                                                            |  |
| Principal Place of Business<br><b>4747 N.W. 72ND AVE.<br/>MIAMI, FL 33166-5616</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                            | Mailing Address<br><b>9545 SW 36TH ST.<br/>MIAMI, FL 33165-4045</b> |                                                                                                            |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                                            | 3. Mailing Address                                                  |                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                                                            | Suite, Apt. #, etc.                                                 |                                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                                                                                                                            | City & State                                                        |                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                        | Zip                                                                                                                        | Country                                                             | 4. FEI Number<br><b>59-1891505</b>                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                            |                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                            |                                                                     | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>ANTON, URBANO E<br/>ACCOUNTING &amp; AUDITORS<br/>9545 S.W. 36TH STREET<br/>MIAMI, FL 33165-4045</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                            |                                                                     | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                                                                                                            |                                                                     |                                                                                                            |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |                                                                     |                                                                                                            |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DS<br>CAMPS, EFRAIN<br>4747 NW 72ND AVE<br>MIAMI, FL 331665616 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STD<br>CAMPS, NEYMA<br>4747 NW 72ND AVE<br>MIAMI, FL 331685616 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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>Ram Camps</i></u> <u><i>Neyma Camps</i></u> <u><i>June 19/2005</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                                                                                                            |                                                                     |                                                                                                            |  |

05202005 Chg-P CR2E034 (10/03)



P2284

**U.E. ANTON & ASSOCIATES**

ACCOUNTANTS & AUDITORS

Ph. 305-553-2390  
Fax 305-229-8883

9545 S.W. 36th St.  
Miami, Fla. 33185-4045

Oct. 9, 2005

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA. 32314

As Agent of these corporations, I received your notices of disolutions or revocations dated Sept. 16:

|                              |                |
|------------------------------|----------------|
| Alegria's Floral Party, Inc. | P02000034679 ✓ |
| Diaz Marine Electronics      | K54846 ✓       |
| Fast Quality Service Corp.   | M60231 ✓       |
| First Class Ins, Mket Corp.  | P94000050463 ✓ |
| Floral Party Wholesale Corp. | P97000102701 ✓ |
| Florida Star Electric Corp.  | P98000005440 ✓ |
| E.C. CRATING & whouse Corp.  | 563932 ✓       |
| E.C. TRANSFER Corp.          | 408347 ✓       |
| G.R.G. Service Ways, Corp.   | K13088         |

I have written several letters about the annual reports of 2005 for these corporations, stating the payments and clearing some differences. For your records I mentioned the letters here to.

Ap. 28-No. 1 : My letter mailing repots and checks of each Corp.

May. 27-No. 2 : Your letter asking for completed reports and giving 30 days for returning the completed reports to avoid the \$400.00 late fee. I mailed the corrected reports On june 24.

Jun. 28-No. 2a: Your letter same as your May 27, ignoring my mailing of the corrected reports.

Jul. 12 No. 3 : My letter with copies of previous correspondences, and asking you to clear off the differences and accept the original filed reports mailing me the paid certificates.

Jul23 -No. 4 : My letter (when I received yours of July 12 on Westland-South Ins. Agency Inc.) detailing all previous letters, and asking again you to go thoroughly over these matters accepting the original reports. This letter was mailed Certified on 7/25, as copy of receive attached.

Please answer me this time and explain why you ignoring may previous letters, and if there are something to do to cancel the disolutions of these corporations, that are causing troubles for them.

Looking forward to your ASAP answer and resolution, reinstating all these corporations and mailing me the paid certificate of status. I am respectfully yours.

URBANO E. ANTON  
9545 S.W. 36th. ST.  
MIAMI, FLA. 33165

12 394  
**COPY**

#1

JULY 23-2005

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA. 32302-1500

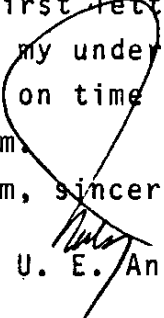
Today, when I was preparing letter and copies to send to you in order to clear all the problem with my filings of the corporations detailing in my first letter (copy attached), I received this one of WESTLAND SOUTH with the check and asking for a check for the Late fee of \$400.00!

Please go thoroughly over the total case. and accept that what happen was as follow:

- 1.- In April 28 I mailed you my letter (copy attached #1) with the checks for the annual reports and asking you to mail me back the forms to get the signatures of the officers of each corporation.
- 2.- In May. 27 I received your letter (copy attached #2) for each of the corporations related with the paragraph asking for the corrected reports to avoid the \$400.00 late fee.
- 3.- In July 12 I mailed you my letter (Copy attached #3) with the forms duly signed by an officer at each form, and made my commentary that as I have had 2 PO boxes (6327 and 1500) may had happened an error, because in that letter you were (June 28) asking to each of the corporations the late fee of \$400.00, ignoring the previous letter and explanations.

Please accept the annual reports duly filled and paid, and mail the certificates paid in the first letter for each Corp. because what had happened is out of my understanding; but the truth is that the reports were paid on time and the forms were signed correctly when you mailed them.

Looking forward to your answer, I am, sincerely your

  
U. E. Anton.

P 474

U.E. ANTON & ASSOCIATES

ACCOUNTANTS & AUDITORS

Ph. 305-653-2390  
Fax 305-229-8883

8545 S.W. 36th St.  
Miami, Fla. 33165-4045

**COPY**

July 12, 2005

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA. 32302-1500

On April 28, I mailed the letter (Copy attached) with the checks for the Annual Reports of each corporation, and asked you to mail back the forms to be signed.

On May. 27, I received the checks with the report-forms, in letters with this paragraph "TO AVOID THE \$400.00 LATE FEE PLEASE RETURN THE CORRECTED REPORT TO DIV. P.O. BOX 1500, WITHIN 30 DAYS OF THIS LETTER".

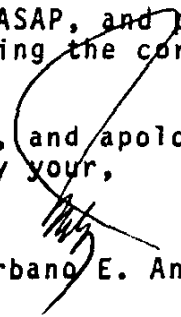
I got the signature of all the officers of the corporations in each form, and mail them back to you at 3.15 pm. at the post office on June 22.

As has have different P.O. Boxes( 6327 and 1500) I think could have happen some error.

I think there are some error, because , now on <sup>June</sup>~~July~~ 28, I received new letter for each corporation , advising that they debt \$391.25, result of, ignoring my mailed the form duly signed on June 22.

Please go thru all this matter ASAP, and please accept the returns filed on time and mailing the corresponding certificate desired.

Looking forward to your answer, and apologizing for the inconveniences, I am, respectfully your,

  
Urbano E. Anton.