

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 563932**

1. Entity Name

E.C. CRATING AND WAREHOUSE CORPORATION



Principal Place of Business

4747 N.W. 72ND AVE.  
MIAMI FL 33166-5616

Mailing Address

9545 SW 36TH ST.  
MIAMI FL 33165-4045



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

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1891505**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANTON, URBANO E  
ACCOUNTING & AUDITORS  
9545 S.W. 36TH STREET  
MIAMI FL 33165-4045

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

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
CAMPS, EFRAIN  
4747 NW 72ND AVE  
MIAMI FL 33166-5616 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
CAMPS, NEYMA  
4747 NW 72ND AVE  
MIAMI FL 33166-5616 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000000747287  
05/17/07-80020-013 158.75

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #