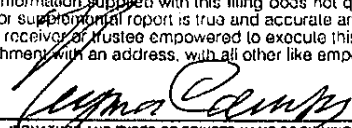


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANTON, URBANO E ACCOUNTING & AUDITORS 9545 S.W. 36TH STREET MIAMI, FL 33165-4045		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ 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 NAME STREET ADDRESS CITY- ST- ZIP	DS CAMPS, EFRAIN 4747 NW 72ND AVE MIAMI, FL 331665616	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD CAMPS, NEYMA 4747 NW 72ND AVE MIAMI, FL 331665616	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  Ap. 78/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date		



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1891505	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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05/30/08-80038-024 158.75