

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90218 039 ***150.00

DOCUMENT # 280898	
1. Entity Name FLORIDA RIGGING & CRANE COMPANY INC	

Principal Place of Business P.O. BOX 680520 MIAMI, FL 33168-0520 US	Mailing Address P.O. BOX 680520 MIAMI, FL 33168-0520 US
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DO NOT WRITE IN THIS SPACE

40081500



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1058759	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCDONALD & MCDONALD
 1393 SW FIRST STREET
 SUITE 200
 MIAMI, FL 33135-2386

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

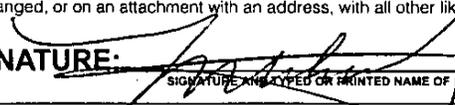
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	DP UTVICH, MICHAEL 10340 N.W. 37TH AVE. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS UTRICH, LORNA R 6305 CASTANEDA MIAMI, FL 331463410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CST <i>D</i> UTRICH, GREGORY T 13121 LEJUNE OPA LOCKA, FL 330544435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  MICHAEL UTVICH, PRES. 4/24/06 305 688-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #