## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 280898** 

Entity Name: FLORIDA RIGGING & CRANE COMPANY INC

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P.O. BOX 680520 10340 N.W. 37TH AVENUE MIAMI, FL 331680520 US MIAMI, FL 331680520 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 680520 MIAMI, FL 331680520 US

FEI Number: 59-1058759 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCDONALD& MCDONALD 1393 SW FIRST STREET SUITE 200 MIAMI, FL 331352386 US

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.

SIGNATURE:

City-St-Zip:

Name: Address: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD CEOD ( ) Delete Title: (X) Change ( ) Addition UTVICH, MICHAEL, Name: Name: UTVICH, MICHAEL 10340 N.W. 37TH AVE. Address: Address:

10340 N.W. 37TH AVE. MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33168

Title: CSTD Title: CSTD (X) Change ( ) Addition () Delete Name: UTRICH, LORNA R Name: UTVICH, LORNA R

6305 CASTANEDA 13121 N.W. LEJEUNE ROAD Address: Address: MIAMI, FL 331463410 MIAMI, FL 330544435 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition PD PD UTRICH, GREGORY T UTVICH, GREGORY T Name: Name:

13121 LEJUNE 13121 LEJEUNE ROAD Address: Address: City-St-Zip: OPA LOCKA, FL 330544435 City-St-Zip: MIAMI, FL 330544435

Title: CD () Delete Title: () Change () Addition

UTVICH, DARYL Name: PO BOX 622462 Address: City-St-Zip: ORLANDO, FL 32862 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY T. UTVICH PD 03/10/2009