


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 367840</b> 1. Entity Name FLORIDA STEVEDORING INC.	
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Principal Place of Business 125 N.E. 9 STREET MIAMI, FL 33132	Mailing Address 125 N.E. 9 STREET MIAMI, FL 33132
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**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1401273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROVIROSA, FRANK L., JR.  
125 N.E. 9 STREET  
MIAMI, FL 33132

**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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROVIROSA, FRANK L. 11440 N. BAYSHORE DR. N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROVIROSA, JORGE P 10405 SW 122ND ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROVIROSA, FRANK V. 4080 E. PRADO BLVD. COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROVIROSA, RICHARD 5400 SW 86TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/15/08-80083-006 150.00

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:** FRANK V. ROVIROSA 04/02/08 (305) 373-4765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #