
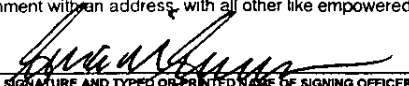


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90049 050 \*\*\*150.00

DOCUMENT # 614361			
1. Entity Name MIAMI CRANE SERVICE, INC.			
Principal Place of Business 10400 NW SO. RIVER DR. MEDLEY, FL 33178 US		Mailing Address 474 EAST CAMINO REAL BOCA RATON, FL 33432 US	
2. Principal Place of Business - No P.O. Box # 474 E. CAMINO REAL		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33432		Country US	
4. FEI Number 59-1931261		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EPLING, ROBY JR. 16201 E. TROON CIRCLE MIAMI LAKES, FL 33014		Name GINA GROSSMAN Street Address (P.O. Box Number is Not Acceptable) 474 E. CAMINO REAL City BOCA RATON FL Zip Code 33432	
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 GINA M. GROSSMAN		DATE 2/28/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when rem stating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS NAME PETERSON, DAWN STREET ADDRESS 10400 NW SOUTH RIVER DRIVE CITY-ST-ZIP MEDLEY, FL	<input type="checkbox"/> Delete	TITLE VS NAME PETERSON DAWN STREET ADDRESS 474 E. CAMINO REAL CITY-ST-ZIP BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME EPLING, ROBY J STREET ADDRESS 10400 NW SOUTH RIVER DRIVE CITY-ST-ZIP MEDLEY, FL	<input type="checkbox"/> Delete	TITLE SAME NAME SAME STREET ADDRESS 474 E. CAMINO REAL CITY-ST-ZIP BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME GROSSMAN, GINA M STREET ADDRESS 10400 NW SOUTH RIVER DRIVE CITY-ST-ZIP MEDLEY, FL 33178	<input type="checkbox"/> Delete	TITLE SAME NAME SAME STREET ADDRESS 474 E. CAMINO REAL CITY-ST-ZIP BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 2/28/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-361-2582	