


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 749475</b>		
1. Entity Name SOUTHEAST FLORIDA EMPLOYERS PORT ASSOCIATION, INC.		
Principal Place of Business 1588 PORT BLVD MIAMI, FL 33132 US	Mailing Address P O BOX 011693 MIAMI, FL 33101 US	



05032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2038909	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MARAVOLO, CHARLES 1588 PORT BLVD MIAMI, FL MIAMI, FL 33132
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**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: Charles Maravolo Charles Maravolo Secretary/Treasurer 6/11/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees.

000000766499  
06/20/07-80004-003 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AROCHE, CHARLES J. 1588 PORT BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BAKER, MARK J. 1588 PORT BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARAVOLO, C 1588 PORT BLVD MIAMI, FL
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IN THIS SPACE**

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 617, 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: Charles Maravolo Charles Maravolo Secretary/Treasurer 6/11/07 305 374-2374  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #