


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90010 017 ***158.75

DOCUMENT #G49725					
1. Entity Name MANATEE STEVEDORING COMPANY, INC.					
Principal Place of Business 2655 LEJEUNE RD STE 1015 CORAL GABLES, FL 33134 US			Mailing Address PO BOX 144637 CORAL GABLES, FL 33134 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2444296	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIYAR, RAMON 2655 LEJEUNE RD STE 1015 CORAL GABLES, FL 33134				Name LUCIA ESCOBAR	
				Street Address (P.O. Box Number is Not Acceptable)	
				2655 LE JEUNE RD., STE 1015	
				City CORAL GABLES	FL Zip Code 33134
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: <i>Lucia Escobar</i>				DATE: <i>2/20/06</i>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 VP/S	HERNANDEZ, JUANA M		<input checked="" type="checkbox"/> Delete	TITLE M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2655 LEJEUNE RD, STE 1015			NAME NATALIA HENAO	
STREET ADDRESS	CORAL GABLES, FL			STREET ADDRESS 2655 LE JEUNE RD., STE 1015	
CITY-ST-ZIP				CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE DPT	MIYAR, RAMON		<input checked="" type="checkbox"/> Delete	TITLE VPF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2655 LEJEUNE RD, STE 1015			NAME JORGE CADAVID	
STREET ADDRESS	CORAL GABLES, FL			STREET ADDRESS 2655 LE JEUNE RD., STE 1015	
CITY-ST-ZIP				CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE			<input type="checkbox"/> Delete	TITLE PDCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME VICTOR HENRIQUEZ	
STREET ADDRESS				STREET ADDRESS 2655 LE JEUNE RD., STE 1015	
CITY-ST-ZIP				CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE SD	TRUJILLO, JUAN D		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2655 LE JEUNE RD, STE 1015			NAME	
STREET ADDRESS	CORAL GABLES, FL 33134			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE ST	ANDRES MORENO		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2655 LE JEUNE RD., STE 1015			NAME	
STREET ADDRESS	CORAL GABLES, FL			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>[Signature]</i>				Date: <i>3/2/2006</i> Daytime Phone #: <i>(705) 5032320</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	