2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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Secretary of State DOCUMENT #649725 03-10-2006 90010 017 ***158 75 1. Entity Name MANATEE STEVEDORING COMPANY, INC. Principal Place of Business Mailing Address 2655 LEJEUNE RD PO BOX 144637 STE 1015 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 02202006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2444296 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUCIA ESCOBAR MIYAR, RAMON Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE RD STE 1015 CORAL GABLES, FL 33134 2655 LE JEUNE RD., STE 1015 Zip Code 33134 CORAL GABLES 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 wa SIGNATURE. Signature, typed or printed nat (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP/S TITLE □X-Delete THUE Change Addition Μ HERNANDEZ, JUANA M NAME NAME NATALIA HENAO 2655 LE JEUNE RD., STE 1015 CORAL GABLES, FL 33134 STREET ADDRESS 2655 LEJEUNE RD, STE 1015 STREET ADDRESS CORAL GABLES, FL CITY-ST-7iP CITY-ST-ZIP DPT TITLE X Delete TITLE VPF ☐ Change X Addition MIYAR, RAMON JORGE CADAVID NAME 2655 LE JEUNE RD., STE 1015 STREET ADDRESS 2655 LEJEUNE RD. STE 1015 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CORAL GABLES, FL CITY-ST-ZIP PDCEO VICTOR HENRIQUEZ TITLE ☐ Delete TITLE ☐ Change NAME NAME 2655 LE JEUNE RD., STE 1015 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE E TITLE Change ☐ Addition TRUJILLO, JUAN D NAME 2655 LE JEUNE RD, STE 1015 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change Addition NAME ANDRES MORENO NAME STREET ADDRESS STREET ADDRESS 2655 LE JEUNE RD., STE 1015 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Delete □ Спалде ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this lilling 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 10, 2006 8:00 am

(305)5032320

3/2/2006