

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G49725

FILED
Jan 04, 2008
Secretary of State

Entity Name: MANATEE STEVEDORING COMPANY, INC.

Current Principal Place of Business:

2655 LEJEUNE RD
STE 1015
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 144637
CORAL GABLES, FL 33134 US

New Mailing Address:

2655 LE JEUNE RD
STE 1015
CORAL GABLES, FL 33134 US

FEI Number: 59-2444296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLASCO, MARIA
2655 LEJEUNE RD
STE 1015
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF S. FLORIDA INC.
2121 PONCE DE LEON BLVD
STE 1050
CORAL GABLES, FL 33134 US

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.

SIGNATURE: EILEEN GARCIA

01/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: HENAO, NATALIA
Address: 2655 LEJEUNE RD, STE 1015
City-St-Zip: CORAL GABLES, FL 33134

Title: VPF () Delete
Name: CADAVID, JORGE
Address: 2655 LEJEUNE RD, STE 1015
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: HENRIQUEZ, VICTOR
Address: 2655 LE JEUNE RD SUITE 1015
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: TRUJILLO, JUAN D
Address: 2655 LE JEUNE RD SUITE 1015
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIA HENAO

M

01/04/2008

Electronic Signature of Signing Officer or Director

Date