

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G49725

**FILED  
Mar 17, 2009  
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:**

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

**New Mailing Address:**

**FEI Number:** 59-2444296      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date