2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Na	IMENT #M45534 MARINE TERMINAL, INC.)		v	
		-	The state of the s				
Principal Pla	ce of Business	Mailing Address	<u>'</u>	1			
3795 NW S	OUTH RIVER DRIVE OUTH RIVER DR. 33142-3224	3795 NW SOUTH RIVER DRIVE 3795 NW SOUTH RIVER DR. MIAMI, FL 33142-3224	• •				
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ļ					11: 8:00 : 8 (8) 8 (88))))	 	
_				04272008	No Chg-P	CR2E034 (1	1/05)
E	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numi			Applied For
				59-27	80671	***	Not Applicabl
				5. Certificate	e of Status Desired	Fee F	5 Additional Required
-	6. Name and Address of Current R	egistered Agent					
LOPEZ, JUAN F. 3795 NW SOUTH RIVER DR.				DO	NOT W	RITE	
	_ 33142-3224				- -		
				114	THIS SP	ACE	
the obligation	e named entity submits (Ns alatement for titions of registered agent.	he purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Flo	arida i sm familis	ir with, and accept
SIGNATURE	i Tarakan da karangan da k Karangan da karangan da ka						
SIGNATURE	Signature, typed or printed name of registered extent and	i title ti applicable. (NOTE: Registere	d Agent signature require	d when reinstalling)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS	1		1		
TITLE	DPT						
NAME STREET ADDRESS	PACHECO, ISRAEL 3795 NW SOUTH RIVER DR.		l				
CITY-57-21P	MIAMI, FL				95/16/06-8	55515 nasciana	100 00
TITLE	DSVP		}		024 104 00-0	:0030_001	120.00
NAME STREET ADDRESS	LOPEZ, JUAN F 3795 NW S. RIVER DR.						
CATY-ST-ZIP	MIAMI, FL	_		•			
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	
TITLE				IN .	THIS SP	ACE	
NAME STREET ADDRESS							
City-St-Zip							
TITLE							
name Street address							
CITY-ST-ZIP							
THILE							
NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this tiling 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: _

PONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/88/06 30563473