

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90366 024 ****70.00

DOCUMENT # N99000005138

1. Entity Name
PORT OF MIAMI CRANE MANAGEMENT, INC.



Principal Place of Business
**1007 NORTH AMERICA WAY
SUITE 303
MIAMI, FL 33132**

Mailing Address
**1007 NORTH AMERICA WAY
SUITE 303
MIAMI, FL 33132**

60029953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-1053081

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELLO, AGUEDO E
1007 NORTH AMERICA WAY SUITE 303
MIAMI, FL 33132**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAKER, MARK**
CITY-ST-ZIP **2299 PORT BLVD
MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **BOHNSACK, FRANCES M**
CITY-ST-ZIP **303 NW NORTH RIVER DRIVE
MIAMI, FL 33142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **TOWSLEY, CHARLES A**
CITY-ST-ZIP **1015 N. AMERICA WAY -2ND FLR
MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GOMEZ, JOSE LUIS**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DRIVE 3RD FLOOR
MIAMI, FL 33133**

TITLE ☒ Change ☐ Addition
NAME **DT**
STREET ADDRESS **Gomez, Jose Luis**
CITY-ST-ZIP **13940 SW 136 Street
Miami, FL 33186**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROLLE, DORIN D**
CITY-ST-ZIP **111 NW 1ST STREET, 3RD FLOOR
MIAMI, FL 33128**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Bonzon, Carlos F.**
CITY-ST-ZIP **111 NW 1 Street, 3rd Floor
Miami, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Prieguez, Manny**
CITY-ST-ZIP **4000 Malaga Avenue
Miami, FL 33133**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/06

786-295-3183