

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90029 019 \*\*\*\*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**

**60018306**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-1053081**

Applied For  
Not Applicable

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, 2007**

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

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

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

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

TITLE **DT** ☐ Delete  
NAME **GOMEZ, JOSE LUIS**  
STREET ADDRESS **13940 SW 136 ST**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **D** ☐ Delete  
NAME **BONZON, CARLOS F**  
STREET ADDRESS **111 NW 1 ST, 3RD FLR**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **D** ☐ Delete  
NAME **PRIEGUEZ, MANNY**  
STREET ADDRESS **4000 MALAGA AVE**  
CITY-ST-ZIP **MIAMI, FL 33133**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Bill Johnson**  
STREET ADDRESS **1015 N. America Way, 2nd Floor**  
CITY-ST-ZIP **Miami, FL 33132**

TITLE **CD** ☒ Change ☐ Addition  
NAME **Gomez, Jose Luis**  
STREET ADDRESS **901 Majorca Avenue**  
CITY-ST-ZIP **Coral Gables, FL 33134-3639**

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

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

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

**2/12/07**  
Date

Daytime Phone #