

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 05, 2006  
Secretary of State**

DOCUMENT# P03000081876

Entity Name: ACI HOIST & CRANE, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

757 SE 17TH ST  
FT LAUDERDALE, FL 33316

**Current Mailing Address:**

**New Mailing Address:**

757 SE 17TH ST  
FT LAUDERDALE, FL 33316

FEI Number: 56-2381552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

TUCKER, WILLIAM D  
735 NE 3RD AVE  
FT LAUDERDALE, FL 33304 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: FONTES, RONALD  
Address: 6558 NEWPORT LAKE CR.  
City-St-Zip: BOCA RATON, FL 33496

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

Title: DVT ( ) Delete  
Name: FONTES, STACY  
Address: 6558 NEWPORT LAKE CR.  
City-St-Zip: BOCA RATON, FL 33496

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD FONTES

DPS

04/05/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date