

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


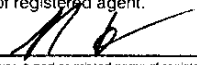
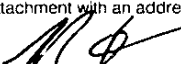
**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90371 001 \*\*\*150.00

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03072007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000081876					
1. Entity Name ACI HOIST & CRANE, INC.					
Principal Place of Business 757 SE 17TH ST FT LAUDERDALE, FL 33316		Mailing Address 757 SE 17TH ST FT LAUDERDALE, FL 33316			
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	4. FEI Number 56-2381552	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TUCKER, WILLIAM D 735 NE 3RD AVE FT LAUDERDALE, FL 33304			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 		Ron Fontes		3.7.06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTES, RONALD		NAME	Fontes, Ronald	
STREET ADDRESS	6558 NEWPORT LAKE CR.		STREET ADDRESS	720 SW 4th Court	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Dania FL 33004	
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTES, STACY		NAME	Fontes, Stacy	
STREET ADDRESS	6558 NEWPORT LAKE CR.		STREET ADDRESS	720 SW 4th Court	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Dania FL 33004	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: 		Ron Fontes		3.7.06 954-921-1171	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	