

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023987

Entity Name: CRATING DEPOT CORP.

FILED  
Jun 29, 2005  
Secretary of State

## Current Principal Place of Business:

6106 NW 74 AVE  
MIAMI, FL 33166 US

## New Principal Place of Business:

5429 NW 72ND AVE  
MIAMI, FL 33166 US

## Current Mailing Address:

6106 NW 74TH AVE  
MIAMI, FL 33166 US

## New Mailing Address:

5429 NW 72ND AVE  
MIAMI, FL 33166 US

FEI Number: 65-0567207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, HECTOR  
6106 NW 74TH AVE  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

GARCIA, HECTOR  
5429 NW 72ND AVE  
MIAMI, FL 33166 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: HECTOR GARCIA

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARCIA, HECTOR  
Address: 6106 NW 74TH AVE  
City-St-Zip: MIAMI, FL 33166

Title: VD ( ) Delete  
Name: GARCIA, NEREIDA  
Address: 6106 NW 74TH AVE  
City-St-Zip: MIAMI, FL 33166

Title: SD ( ) Delete  
Name: GARCIA, MICHAEL  
Address: 6106 NW 74TH AVENUE  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GARCIA, HECTOR  
Address: 5429 NW 72ND AVE  
City-St-Zip: MIAMI, FL 33166

Title: VD (X) Change ( ) Addition  
Name: GARCIA, NEREIDA  
Address: 5429 NW 72ND AVE  
City-St-Zip: MIAMI, FL 33166

Title: SD (X) Change ( ) Addition  
Name: GARCIA, MICHAEL  
Address: 5429 NW 72ND AVE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HECTOR GARCIA

PD

06/29/2005

Electronic Signature of Signing Officer or Director

Date