

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077995

FILED
Jan 11, 2006
Secretary of State

Entity Name: BISCAYNE STEVEDORE AGENCY, INC.

Current Principal Place of Business:

2049 SE 35TH STREET
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22696
FORT LAUDERDALE, FL 33335

New Mailing Address:

FEI Number: 65-0781462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: GORMAN JR., JOHN C
Address: 720 NE 20TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S () Delete
Name: GORMAN, CHERYL J
Address: 720 NE 20TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T () Delete
Name: GORMAN III, JOHN C
Address: 926 SW 18TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: V () Delete
Name: PEREZ, RAUL V
Address: 20120 NW 59TH COURT
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHN C. GORMAN, JR.

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date