


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90031 042 ***163.75

DOCUMENT # P99000098263	
1. Entity Name CRANE REPAIR, INC.	

Principal Place of Business 9187 FONTAINBLEAU BLVD. NO 8 MIAMI FL 33172	Mailing Address 9187 FONTAINBLEAU BLVD. NO 8 MIAMI FL 33172
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50015603



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 992 S.W. 18 ST	3. Mailing Address 757 S.E. 17 ST
Suite, Apt. #, etc. APT. EAST	Suite, Apt. #, etc. # 825
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale
Zip 33315	Country USA
Zip 33316	Country USA

4. FEI Number 65-0959749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOCARRAS, FANNY LEONOR 9187 FONTAINBLEAU BLVD. NO 8 MIAMI FL 33172	7. Name and Address of New Registered Agent Name Julio C Estrada Street Address (P.O. Box Number is Not Acceptable) 912 S.W. 18 ST APT EAST City Ft. Lauderdale FL Zip Code 33315
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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 Julio Estrada - ME **02-08-05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORARRAS, FANNY 9187 FOUNTAIN BLEACH BLVD. MIAMI FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Estrada Julio C 912 S.W. 18 ST, Apt. East Ft Lauderdale FL 33315 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Fanny Socarras **02-08-05** **(305)322-8418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #