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Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90013 009 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000107538

1. Entity Name
MONTERO CONCRETE, INC.

50001668

Principal Place of Business	Mailing Address
15398 GARFIELD DR HOMESTEAD, FL 33033	15398 GARFIELD DR HOMESTEAD, FL 33033

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15400 SW 289 TERR	15400 SW 289 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FL.	City & State: HOMESTEAD, FL.
Zip: 33033 Country: US	Zip: 33033 Country: US

01292008 Chg-P CR2E034 (12/06)

4. FEI Number: 61-1427973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANTARON, ISMARYS
~~15398 GARFIELDS DR~~
~~HOMESTEAD, FL 33033~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 15400 SW 289 TERRACE
City: HOMESTEAD FL Zip Code: 33033

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 ______
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, 2008 Fee will be $550.00

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	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MONTERO, HECTOR J	NAME	
STREET ADDRESS	~~15398 GARFIELD DR~~	STREET ADDRESS	15400 S.W 289 TERRACE
CITY-ST-ZIP	~~HOMESTEAD, FL 33033~~	CITY-ST-ZIP	HOMESTEAD, FL. 33033
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: X [signature] 1/29/08 786-251-1943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #