

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/29/2005-90204-007-\$158.75-\$158.75

DOCUMENT # P04000089216 1. Entity Name IVAN & SILVIO CONCRETE, INC.						FILED 05 JUN 10 PM 1:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 900 N.W. 146 STREET MIAMI, FL 33168				Mailing Address 900 N.W. 146 STREET MIAMI, FL 33168			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-1227134				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SALGADO, SILVIO A 900 N.W. 146 STREET MIAMI, FL 33168				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P SALGADO, SILVIO A 900 N.W. 146TH STREET MIAMI, FL 33168 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAINZA, ELEAN 900 N.W. 146 STREET MIAMI, FL 33168 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-11-05 Date			