

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90006 034 ***158.75

DOCUMENT # P04000161350 1. Entity Name CONCRETE PRODUCTS OF THE PALM BEACHES, INC.			
Principal Place of Business 521 LAKE AVENUE SUITE 11 LAKE WORTH, FL 33460		Mailing Address 521 LAKE AVENUE SUITE 11 LAKE WORTH, FL 33460	
2. Principal Place of Business 460 Avenue S Suite, Apt. #, etc.		3. Mailing Address 460 Avenue S Suite, Apt. #, etc.	
City & State Riviera Beach FL		City & State Riviera Beach FL	
Zip 33404		Zip 33404	
Country		Country	
4. FEI Number 20-1950910		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNDERBERG, EUGENE 521 LAKE AVENUE LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name Manny Rodriguez Street Address (P.O. Box Number is Not Acceptable) 460 Ave S City Riviera Beach FL Zip Code 33404	
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, 2006 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	PD SCHUMACHER, JANET 1611 NORTH LAKESIDE DRIVE LAKE WORTH, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bernard Brunet
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP&T SCHUMACHER, GIL 8127 SEDGEWICK COURT, APT. D WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Manuel A. Rodriguez
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNDERBERG, EUGENE 521 LAKE AVENUE LAKE WORTH, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bernard Brunet
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bernard Brunet
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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 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 an other like empowered.			
SIGNATURE: _____ SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/27/06 561-842-2743 Date Daytime Phone #	