5560.82

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
$150.00
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # 376686

1. Entity Name
PRE-CAST SPECIALTIES HOLDING, INC.

Principal Place of Business	Mailing Address
1380 NE 48 STREET POMPANO BEACH, FL 33064 US	1380 NE 48 STREET POMPANO BEACH, FL 33064 US

04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1318472
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CIANELLI, ALFRED A JR.
1380 NE 48TH STREET
POMPANO BEACH, FL 33064

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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 _____ DATE
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CIANELLI, FRANCES A
STREET ADDRESS	2445 S.W. 105TH TERRACE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	CTD
NAME	CIANELLI, ALFRED A.
STREET ADDRESS	2445 S.W. 105TH TERRACE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	PD
NAME	CIANELLI, FRED A.
STREET ADDRESS	10332 SW 18TH STREET
CITY-ST-ZIP	DAVIE, FL
TITLE	VPD
NAME	CIANELLI, DAVID M.
STREET ADDRESS	5330 SW 21ST COURT
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Fred A. Cianelli 4/3/07 954-781-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #