
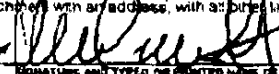


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-07-2004 90045 003 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # 483772 | |  | |
| 1. Entity Name DADE CONCRETE PUMPING, INC. | | | |
| Principal Place of Business C/O GILBRIDE, HELLER & BROWN, PA 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131 | | Mailing Address C/O GILBRIDE, HELLER & BROWN, PA 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-1717572 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HELLER, LAWRENCE R. ONE BISCAYNE TOWER, SUITE-1946 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | Zip Code |
| FL | | | |
| 8. The above named entity submits the 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when remaining)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 <small>After May 1, 2004 Fee will be \$350.00</small> Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALES, RICARDO | NAME | Gonzalez Ricardo |
| STREET ADDRESS | 8120 NW 74TH STREET | STREET ADDRESS | P.O. Box 831675 |
| CITY- ST- ZIP | MEDLEY, FL 0 | CITY- ST- ZIP | Miami, FL 33283 |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, RICARDO J | NAME | Gonzalez, Ricardo Jr |
| STREET ADDRESS | 8120 NW 74TH ST | STREET ADDRESS | 5900 NW 122 AVE |
| CITY- ST- ZIP | MEDLEY, FL | CITY- ST- ZIP | MIAMI, FL 33178 |
| TITLE | P <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GONZALEZ, RICARDO | NAME | Jorge Gonzalez |
| STREET ADDRESS | PO BOX 831675 | STREET ADDRESS | P.O. Box 831675 |
| CITY- ST- ZIP | MIAMI FL 33283 | CITY- ST- ZIP | MIAMI, FL 33283 |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, RICARDO JR | NAME | |
| STREET ADDRESS | PO BOX 831675 | STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI, FL 33283 | CITY- ST- ZIP | |
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jorge Gonzalez | NAME | |
| STREET ADDRESS | P. O. BOX 831675 | STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI, FL 33283 | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), Florida Statute. 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, if I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all titles like empowered. | | | |
| SIGNATURE:  | | DATE: 04/02/2004 (305) 820-1722 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>DATE</small> | |

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MOORE CR2E034 (11/03)