

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90036 022 ***150.00

DOCUMENT # 521857 1. Entity Name LAST CHANCE CONCRETE, INC.			
Principal Place of Business 1053 NORTHEAST 43RD ST. FT. LAUDERDALE, FL 33334		Mailing Address 1053 NORTHEAST 43RD ST. FT. LAUDERDALE, FL 33334	
2. Principal Place of Business 13060 Bryan Rd Suite, Apt. #, etc. Loxahatchee City & State FL		3. Mailing Address P.O. Box 540745 Suite, Apt. #, etc. Lake Worth City & State FL	
Zip 33460 County Palm Beach		Zip 33467 County Palm Beach	
4. FEI Number 59-1712689		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 HARRELL, LOYZELL 1053 N.E. 43RD ST. FT. LAUDERDALE, FL 33334		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 <u><i>Loyzell Harrell</i></u> DATE <u>5/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRELL, LOYZELL 1053 NE 43RD ST FT LAUDERDALE, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Loyzell Harrell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/10/06</u> <u>561-793-4875</u> <small>Date Daytime Phone #</small>	