2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

Jan 28, 2004 08:00 AM DOGUMENT # F00423 **Secretary of State** 1. Entity Name R.A.W. CONCRETE CONSTRUCTION, INC. Principal Place of Business Mailing Address 9404 N.W. 36TH COURT CORAL SPRINGS FL 33065 9404 N.W. 36TH COURT CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2037778 Not Applicable Ζıρ Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELSH, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 9404 N.W. 36TH COURT CORAL SPRINGS FL 33065 City 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 Spaniero, typed or printed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE PD Delete HILE ☐ Change Addition U00000016036 WELSH, ROBERT W NAME NAME 01/28/04-80038-020 150.00 STREET ADDRESS STREET ADDRESS 9404 N.W. 36TH COURT CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP THE ☐ Delete 33733 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE BILE ☐ Delete Thance Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP THE ☐ Defete TSTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C87Y-ST-789 CITY-ST-23P I hereby certify that the information indicated on this report or supple of the corporation or the receiver 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 neglial 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 or further true and accurate this report as regulated by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ijth all other like empowered.

r, leh

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954-752-8158