


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F20141</b> 1. Entity Name <b>HOMESTEAD CONCRETE &amp; DRAINAGE, INC.</b>	
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Principal Place of Business 209 S.W. 4TH AVE. P.O. BOX 1273 HOMESTEAD, FL 33090	Mailing Address 209 S.W. 4TH AVE. P.O. BOX 1273 HOMESTEAD, FL 33090
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2069390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CORDERO, ALFREDO 29320 SW 205 AVE HOMESTEAD, FL 33030	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

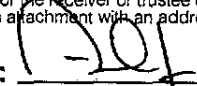
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORDERO, ALFREDO 29230 SOUTHWEST 205 AVENUE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMAIN, GEORGE 13730 SR. 84TH #142 DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORDERO, DARCI 29320 SW 205 AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORDERO, ALFRED 4400 SW 160 AVE # 1025 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APOLINANO, MANUEL 20825 SW 242 STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

1100000193606  
01/25/05-80067-013 150.00

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 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:**  **1/21/05 305-248-9649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #