

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90003 038 ***150.00

DOCUMENT # F20141

1. Entity Name
HOMESTEAD CONCRETE & DRAINAGE, INC.



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

40021063



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2069390 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORDERO, ALFREDO
 29320 SW 205 AVE
 HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

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 *Alfredo Cordero*

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CORDERO, ALFREDO
STREET ADDRESS	29230 SOUTHWEST 205 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	VP
NAME	RAMAIN, GEORGE
STREET ADDRESS	13730 SR. 84TH #142
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	S
NAME	CORDERO, DARCIE
STREET ADDRESS	29320 SW 205 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	T
NAME	CORDERO, ALFRED
STREET ADDRESS	4400 SW 160 AVE # 1025
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	APOLINANO, MANUEL
STREET ADDRESS	20825 SW 242 STREET
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/06 305-248-9649