2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jun 09, 2004 8:00 am **DOCUMENT # F51944 Secretary of State** 1. Entity Name 06-09-2004 90003 049 ***150.00 NORTHEAST CONCRETE FLOOR CO., INC. Principal Place of Business Mailing Address 6515 NW 22 AVE 6515 NW 22 AVE **MIAMI FL 33147** MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0019753 Not Applicable *Country ** *- *-Zip 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 WILLIAMD, JOHNNIE JR Street Address (P.O. Box Number is Not Acceptable) 6515 NW 22 AVE MIAMI FL 33147 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, 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 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change NAME WILLIAMS, JOHNNIE JR NAME ---6515 NW 22 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **MIAMI FL 33147** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 TITLE - Delete ☐ Change ☐ 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 TITLE ☐ Delete TITLE ☐ Change 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 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

FILED

Oblachment

GENTLEMEN

THIS IS A FORMAL REQUEST FOR ABATEMENT OF THE PENALTY OF THE PENALTY DUE WITH THE ATTACHED ANNUAL REPORT

DUE TO A CHANGE IN FILING AND BOOKEEPING SYSTEMS THE FORMS GOT MISFILED .

THANK YOU FOR YOUR CONSIDERATION ON THIS MATTER

JOHNNIE WILLIAMS JR PRES

医神经病 医乳头 医皮肤红色

WE AVENUE THE WALL FROM THE CONTRACT OF THE OPEN TO THE ACT TO BE

OFFICER