




**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G14504</b> 1. Entity Name RIO'S CONCRETE, PUMPING AND RENTAL, INC.			
Principal Place of Business 8750 N.W. 93RD STREET MEDLEY, FL 33178-1412		Mailing Address 8750 N.W. 93RD STREET MEDLEY, FL 33178-1412	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01092006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2237403	Applied For 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  DEL RIO, SERAFIN A 16038 NW 82ND PLACE MIAMI, FL 33016		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000394737 01/26/06-80023-005 150.00	
TITLE	PD		
NAME	DEL RIO, SERAFIN A.		
STREET ADDRESS	16038 NW 82ND PL		
CITY- ST- ZIP	MIAMI, FL		
TITLE	VD		
NAME	DEL RIO, OLGA E.		
STREET ADDRESS	16038 NW 82ND PLACE		
CITY- ST- ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		01/16/2006 (305) 888-7407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	