


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # J01533	
1. Entity Name COMMERCIAL CONCRETE RESTORATIONS, INC.	

Principal Place of Business 2430 VANDERBILT BEACH RD STE. 108, #170 NAPLES, FL 34109 US	Mailing Address 2430 VANDERBILT BEACH RD STE. 108, #170 NAPLES, FL 34109 US
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2748261	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDERS, IRVING 3338 CERRITO COURT NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

7. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	SANDERS, IRVING
STREET ADDRESS	3338 CERRITO COURT
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	SANDER, IRVING
STREET ADDRESS	3338 CERRITO COURT
CITY-ST-ZIP	NAPLES, FL
TITLE	PD
NAME	PIERMAN, MAUREEN
STREET ADDRESS	3338 CERRITO COURT
CITY-ST-ZIP	NAPLES, FL
TITLE	V
NAME	FORD, DEBORAH
STREET ADDRESS	580 SPRINGVIEW DR
CITY-ST-ZIP	PICKERING, ON
TITLE	V
NAME	NEEL, TRAYCE
STREET ADDRESS	11953 INDIAN RIVER DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000341410
04/29/05-80015-015 150.00

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IN THIS SPACE**

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:  **Maureen Pierman** **4/26/05** **239-514-4512**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #