

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J08718</b> 1. Entity Name <b>HORMIGON'S STRUCTURES, INC.</b>					
Principal Place of Business <b>112S.W. 11TH STREET HALLANDALE, FL 33009</b>		Mailing Address <b>112S.W. 11TH STREET HALLANDALE, FL 33009</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 03142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-2776340</b>		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 <b>SOTO, JOSE L 112 S.W. 11TH ST. HALLANDALE, FL 33009</b>				<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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		VP SOTO, MARIA J. 112 S.W. 11TH ST. HALLANDALE, FL			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		SD SOTO, CONSUELO 112 S.W. 11TH ST. HALLANDALE, FL			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  U00000129891 04/26/04-80096-010 150.00			
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 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: <u>Consuelo Soto</u> <b>CONSUELO SOTO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <u>4-15-04</u> Daytime Phone #: <u>954-456-3664</u>					