


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90044 023 ***158.75

DOCUMENT # J56967
 1. Entity Name
 C.B. BROWN CEMENT FINISHING CO., INC.



Principal Place of Business Mailing Address
 2330 NW 154TH STREET 2330 NW 154TH STREET
 OPA LOCKA, FL 33054 OPA LOCKA, FL 33054

2. Principal Place of Business, No P.O. Box # 3. Mailing Address
 2860 NW 132nd Terrace 2860 NW 132nd Terrace
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 OPA LOCKA FL OPA LOCKA FL
 Zip Country Zip Country
 33054 USA 33054 USA

40021003



01302008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-2769747 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROWN, CURNIS
 2330 NW 154TH STREET
 OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent
 Name BROWN, CURNIS
 Street Address (P.O. Box Number is Not Acceptable)
2860 NW 132nd TERRACE
 City OPA-LOCKA FL Zip Code 33054

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 _____
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, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BROWN, CURNIS 2330 NW 154TH STREET OPA LOCKA, FL 33054 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BROWN, CURNIS 2860 NW 132 TERRACE OPA LOCKA FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: Curnis Brown CURNIS BROWN 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #