


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

01-22-2008 90083 016 ***150.00

DOCUMENT # K06511 1. Entity Name COASTAL CONCRETE PUMPING OF BROWARD, INC.	
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Principal Place of Business 4685 S.W. 83 TERR DAVIE, FL 33328	Mailing Address 4685 S.W. 83 TERR DAVIE, FL 33328
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DO NOT WRITE IN THIS SPACE

66003336

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0017267	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 BONFIGLIO, TIFFANY 4685 S.W. 83RD TERRACE DAVIE, FL 33328	DO NOT WRITE IN THIS SPACE
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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: *Tiffany Bonfiglio* DATE: 1-9-08

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BONFIGLIO, TIFFANY 4685 S.W. 83RD TERRACE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FRECHETTE, JUDITH P 4685 SW 83 TERRACE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Tiffany Bonfiglio* DATE: 3-10-08 DAYTIME PHONE: 954-334-3449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR