

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90043 025 \*\*\*150.00

DOCUMENT # K65534 1. Entity Name SUNSHINE CONCRETE DESIGN, INC.	
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Principal Place of Business 7230 S.W. 11TH ST MIAMI, FL 33144 US	Mailing Address 7230 S.W. 11TH ST MIAMI, FL 33144 US
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20021326



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0098656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MANTELL, JOSE R 3535 NW 49TH ST MIAMI, FL 33142	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MANTELL, JOSE R. 7230 SW 11TH ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MANTELL, CARMEN 7230 SW 11TH ST MIAMI, FL 33144
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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_