DOCUMENT # K78820



FILED Apr 05, 2007 08:00 A Secretary of State

RIOS CONCRETE EQUIPMENT CO., INC. Principal Place of Business 8750 N.W. 93RD STREET MEDLEY FL 33178-1412 MEDLEY FL 33178-1412				
Suito, Apt. #, etc.		Suile, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & State		· City & State		4. FEI Number 65-0108455 Applied For Not Applicable
Zip	Country	Zip ,	Country	5. Cortificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
,				
DEL RIO, SERAFIN 8750 N.W. 93RD STREET MEDLEY FL 33166			Street Addres	ss (P O. Box Number is Not Acceptable)
	,		City	z Zip Code
			0117	FL Zip Code
the obliga	tions of registered agent.	t for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and little r applicable (NO	TE: Registered Agent signature requ	ured when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550. k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
THILE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEL RIO, SERAFIN		NAMI	_ , _
STREET ADDRESS	8750 N.W. 93RD ST.		STRLET ADDRESS	
CITY-SI-ZIP	MEDLEY FL		CITY-ST-ZIP	
TillE		□ Delele	TITLE	Change Addition
NAME			NAME	H00000691674
STREET ADDRESS	1		STREET ADDRESS	000000691674 04/13/07-80020-008 150.00
CITY - ST - ZIP			CITY-ST-ZIP	
TITLE		☐ Deleic	ING.	☐ Change ☐ Addition
NAME	* -	er e s al u per e con	NAME	المعتب المستن عاميل الماسيك ومستراه المسكاد
STREET ADDRESS	1		STREET ADDRESS	
CITY - ST - ZIP			CITY-ST-ZIP	
TITLE.		Defete	TOTALE	☐ Change ☐ Addillon
NAME			NAME	
STRYET ADDRESS			STREET ADDRESS	
CHY-ST-ZIP			CITY-ST-7IP	
TITLE		☐ Delete	TOLE	Change Addition
NAME STRLET ADDRESS			NAME STRLET ADDRESS	
CHY-SI-ZIP			CITY-ST-ZIP	
		Пъс		☐ Change ☐ Addilion
TITLE NAME		☐ Detete	: TITLE NAME	Change Addition
STREET ADDRESS			SIRIET ADDRESS	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

CITY-SI-7IP

SIGNATURE:

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR