## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2008 08:00 A Secretary of State

DOCUMENT # L87958  1. Entity Name STAR CONCRETE PUMPING, INC.								
Principal Place of Business	Mailing Address							
220541 S.W. 117 AVE.	20541 S.W. 117 AVE.							
MIAMI, FL 33177 US	MIAMI, FL 33177 US							

220541 S.W MIAMI, FL 3	. 117 AVE.	20541 S.W. 117 AVE. MIAMI, FL 33177 US		1   I B B     I B B	1   18112   18110   1818   11111   1811   1811	L!! B(B)( B)B)( B(B)( B)B)! B(B)	
E	O NOT WRITE	IN THIS SPA	CE	03112008 4. FEI Numbe 65-020	No Chg-P	<del></del>	ied For
			, ,	5. Certificate	of Status Desired	\$8.75 Additi	onal
	6. Name and Address of Current Re	lstered Agent				, do required	
TORRES, 20541 S.W MIAMI, FL	/. 117 AVE.		., .,		NOT WE		
8. The above	named entity submits this statement for the	a nurroose of changing its register	ed office or regis	tered agent, or hot	the in the State of Florid	a Lam familiar with a	nd accept
	ions of registered agent.	o purpose or chariging his registere	od omoo or regio	italiaa ayant, or bot	in, in the diale of Florid	a. vannamina wini, a	ia accepi
SIGNATURE.							
	Signature, typed or printed name of registered agent and t	rtle d'applicable (NOTE Registère	Agent signature requ	ired when reinstating)		. DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		5.00 May Be dded to Fees			
10.	OFFICERS AND DIF	ECTORS			00000000 04707700=0	365175 30018-007 15	2 00
TITLE NAME	DPS TORRES, JUAN				רבסטירוט גדע	20019-001 I2	J.UU
STREET ADDRESS	20541 S.W. 117 AVE.						
CITY-S1-ZIP	MIAMI, FL			,			•
TITLE NAME	T TORRES, JUAN						٠,
STREET ADDRESS	20541 S.W. 117 AVE.			•	٠,		
CITY-ST-ZIP	MIAMI, FL			••	•		
TITLE			4				`
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CITY+ST-ZIP				DO	NOT WF	RIIE	
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NAME STREET ADDRESS			,	•		,	
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NAME		·	/ - MP* · ·	p drawned + 4	ing and the second seco	e ass the control of the one:	•
STREET ADDRESS CITY-S1-ZIP			mate at the total and the to				
	certify that the information supplied with this	filing does not qualify for the exe	motions contain	,	Florida Statutes, Lfur	ther certify that the infr	rmation

12. Thereby 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 supplied enter report is frue 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 for trustee endowed 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(301)853-3000

Daytime Phone #