

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M24283

1. Entity Name
LELE CONCRETE AND PUMPING, INC.



Principal Place of Business
8321 S.W. 27 TERR.
MIAMI, FL 33155

Mailing Address
8321 S.W. 27 TERR.
MIAMI, FL 33155



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2659840

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLASENCIA, JOSE I.
8321 S.W. 27 TERR.
MIAMI, FL 33155

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PLASENCIA, JOSE I.
STREET ADDRESS	8321 S.W. 27 TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	PLASENCIA, ESPERANZA
STREET ADDRESS	8321 S.W. 27 TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	PLASENCIA, EUSEBIO
STREET ADDRESS	9235 SW 42 STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VP
NAME	PLASENCIA, ANTHONY
STREET ADDRESS	8321 SW 27TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/05-80031-006 150.00

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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

1-10-05-305-558-50-20
Date Daytime Phone #