

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 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**



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2659840

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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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03/24/06-80033-019 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-06