

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2007 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

DO NOT WRITE IN THIS SPACE



01102007 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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000643387
03/01/07-80084-007 150.00

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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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 #

2-16 07