2008 FOR PROFIT CORPORATION

Mar 25, 2008 8:00 am Secretary of State ANNUAL REPORT 03-25-2008 90013 010 ***150 00 **DOCUMENT # P00000023887** 1. Entity Name JORGE CONCRETE, INC. 50001667 Mailing Address Principal Place of Business 1700 SW 99 CT 1700 SW 99 CT MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01282008 Chg-P Applied For City & State City & State 4. FEI Number 65-0992433 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENEREO, JORGE Street Address (P.O. Box Number is Not Acceptable) 1700 SW 99 CT MIAMI, FL 33165 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition ☐ Delete TITLE TITLE VENEREO, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 1700 SW 99 CT MIAMI, FL 33165 CITY-ST-ZIP CITY+ST-ZIP TITLE Delete Change Change ☐ Addition FERREIRO, INERIO NAME NAME SW 1700 SW 99 CT STREET ADDRESS STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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 empt

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

EICER OR DIRECTOR

Daytime Phone #

☐ Change

☐ Addition

FILED