


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90032 030 ***150.00

DOCUMENT # P00000050999 <small>1. Entity Name</small> Superior Concrete Center, Corp.	
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44024441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 228 NW 48 Ct		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small> Miami, FL.		<small>City & State</small>		4. FEI Number	
<small>Zip</small> 33126		<small>Country</small> USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	<small>Name</small> Pedro P. Garcia	
	<small>Street Address (P.O. Box Number is Not Acceptable)</small>	
	228 NW 48 Ct	
<small>City</small> Miami		<small>State</small> FL
<small>Zip Code</small> 33126		

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.

<small>SIGNATURE</small>	Pedro P. Garcia	04/01/04
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
<small>TITLE NAME</small>	President Pedro P. Garcia	<small>TITLE NAME</small>	
<small>STREET ADDRESS</small>	228 NW 48 Ct	<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	Miami, FL. 33126	<small>CITY - ST - ZIP</small>	
<small>TITLE NAME</small>	Vice President Silvia Lastra	<small>TITLE NAME</small>	
<small>STREET ADDRESS</small>	228 NW 48 Ct	<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	Miami, FL. 33126	<small>CITY - ST - ZIP</small>	
<small>TITLE NAME</small>		<small>TITLE NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
<small>TITLE NAME</small>		<small>TITLE NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
<small>TITLE NAME</small>		<small>TITLE NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	

DO NOT WRITE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:	Pedro P. Garcia	4/1/04	305-441-7912
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	

CR2E034B (12/02)