


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

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90150 006 \*\*\*150.00

DOCUMENT # P0000050999 1. Entity Name Superior Concrete Center, Corp.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 228 NW 48th Ct Suite, Apt. #, etc.	3. Mailing Address 228 NW 48th Ct Suite, Apt. #, etc.
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**14007045**

DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-1010977	Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country Miami-Dade	Zip 33126	Country Miami-Dade

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


SIGNATURE  DATE 3/28/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Garcia, Pedro / P 228 NW 48th Ct Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lastra, Silvia / VP 228 NW 48th Ct Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  DATE 3/29/05 Daytime Phone # (786) 552-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)