



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000081869			
1. Entity Name BARCELONA PRE-CAST, INC.			
Principal Place of Business 3025 N. FEDERAL HIGHWAY DELRAY BEACH, FL 33483		Mailing Address 3025 N. FEDERAL HIGHWAY DELRAY BEACH, FL 33483	
			
		04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1038699	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
FRIM, KURT M ESQ. 433 PLAZA REAL SUITE #275 BOCA RATON, FL 33432			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT BARRERA, LUISA 600 LINDELL BLVD. APT. 115-13-6 DELRAY BEACH, FL 33444		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS BARRERA, LUCILA 600 LINDELL BLVD. APT. 115-13-6 DELRAY BEACH, FL 33444		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE:  4/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Daytime Phone # _____			