2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082025

Entity Name: BEAUTIFUL CONCRETE OF AMERICA, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1868 N. UNIVERSITY DR. #100 PLANTATION, FL 33322

Current Mailing Address: New Mailing Address:

1868 N. UNIVERSITY DR. #100 PLANTATION, FL 33322

FEI Number: 65-1035469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARLOW, BRIAN

1868 W. UNIVERSITY DR. #100
PLANTATION, FL 33322 US

COHEN, LAWRENCE
1868 N. UNIVERSITY DR. #100
PLANTATION, FL 33322 US

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.

SIGNATURE: LAWRENCE COHEN 01/06/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSTD () Delete
 Title:
 PSTD (X) Change () Addition

 Name:
 POVLOW, BRIAN R
 Name:
 COHEN, LAWRENCE

 Address:
 1868 N. UNIVERSITY DR. #100
 Address:
 1868 N. UNIVERSITY DR. #100

Address: 1868 N. UNIVERSITY DR. #100 Address: 1868 N. UNIVERSITY DR. #100
City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PLANTATION, FL 33322

Title: **VPST** () Delete Title: **VPST** (X) Change () Addition Name: COHEN, LAWRENCE Name: POVLOW, BRIAN 1868 N. UNIVERSITY DR. 1868 N. UNIVERSITY DR. Address: Address: PLANTATION, FL 33322 PLANTATION, FL 33322 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE COHEN PSTD 01/06/2004