2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 11, 2004 08:00 AM Secretary of State DOCUMENT # P00000084256 PEDRO'S CONCRETE PUMPING CORP. Principal Place of Business Mailing Address 1350 UTE ST. LA BELLE, FL 33935 1350 UTE ST. LA BELLE, FL 33935 02042004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1034968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAIREZ, PEDRO DO NOT WRITE 1350 UTE ST. LA BELLE, FL 33935 IN THIS SPACE 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 regulated when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000047337 ŨŽ/12/Ů4−8ŬÛ36−Ū17 OFFICERS AND DIRECTORS 10. TITLE Ð CHAIREZ, PEDRO NAME STREET ADDRESS 1350 UTE ST. LA BELLE, FL 33935 CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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 falls empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone /