

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000884

1. Entity Name
EXPRESS CONCRETE, INC.



Principal Place of Business
620 WEST 15TH ST.
HIALEAH, FL 33010-2828

Mailing Address
620 WEST 15TH ST.
HIALEAH, FL 33010-2828

FILED

05 JUL -8 PM 2:12

SECRET
TALLAHASSEE, FLORIDA



07012005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1066218
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, MIGUEL A
620 WEST 15TH ST.
HIALEAH, FL 33010-2828

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 807.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVA, MIGUEL A 620 WEST 15TH ST. HIALEAH, FL 330102828
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07/12/05--01026--030 **150.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

MIGUEL A. SILVA
(President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #