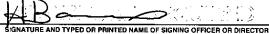
FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 10, 2002 8:00 am Secretary of State P01000030472 DOCUMENT # 1. Entity Name 05-10-2002 90044 025 ***158.75 BARREIRO CONCRETE MATERIALS INC. Principal Place of Business Mailing Address 25440 SW 140TH AVE. 25440 SW 140TH AVE. PRINCETON FL 33032 PRINCETON FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1090585 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired X Fee Required -6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name Applica ble BARREIRO, AMERICO Street Address (P.O. Box Number is Not Acceptable) 25440 SW 140TH AVE. PRINCETON FL 33032 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME BARREIRO, AMERICO NAME 25440 SW 140TH AVE. STREET ADDRESS STREET ADDRESS PRINCETON FL 33032 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11TLE : Doloto . Change Addition. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



4/20/2002

CR2E034 (9/01)