

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000040078 1. Entity Name J.P.N. CONCRETE CORP.																																																																																																																																																					
Principal Place of Business 14525 SW 293 ST HOMESTEAD, FL 33033			Mailing Address 14525 SW 293 ST HOMESTEAD, FL 33033																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
Zip		Country		4. FEI Number 65-1102121																																																																																																																																																	
5. Name and Address of Current Registered Agent ORJUELA, JOSE JR. 19334 S.W. 121TH COURT MIAMI, FL 33177				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code				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 required when reappointing)																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 (May Be Added to Fees)																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PD ORJUELA, JOSE JR.</td> <td></td> <td>STREET ADDRESS</td> <td>U000000129902</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>14535 SW 293 ST HOMESTEAD, FL 33033</td> <td></td> <td>CITY-ST-ZIP</td> <td>04/26/04-80096-017 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MONTERO, PEDRO NEL</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STA MARTA, COLUMBIA,</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>QUINTERO, LINA MARIA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STA MARTA, COLUMBIA,</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>QUINTERO, MARIA N</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14525 SW 293 ST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOMESTEAD, FL 33033</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	PD ORJUELA, JOSE JR.		STREET ADDRESS	U000000129902		CITY-ST-ZIP	14535 SW 293 ST HOMESTEAD, FL 33033		CITY-ST-ZIP	04/26/04-80096-017 150.00		TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MONTERO, PEDRO NEL		NAME			STREET ADDRESS	EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402		STREET ADDRESS			CITY-ST-ZIP	STA MARTA, COLUMBIA,		CITY-ST-ZIP			TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	QUINTERO, LINA MARIA		NAME			STREET ADDRESS	EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402		STREET ADDRESS			CITY-ST-ZIP	STA MARTA, COLUMBIA,		CITY-ST-ZIP			TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	QUINTERO, MARIA N		NAME			STREET ADDRESS	14525 SW 293 ST		STREET ADDRESS			CITY-ST-ZIP	HOMESTEAD, FL 33033		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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																																																																
STREET ADDRESS	PD ORJUELA, JOSE JR.		STREET ADDRESS	U000000129902																																																																																																																																																	
CITY-ST-ZIP	14535 SW 293 ST HOMESTEAD, FL 33033		CITY-ST-ZIP	04/26/04-80096-017 150.00																																																																																																																																																	
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																
NAME	MONTERO, PEDRO NEL		NAME																																																																																																																																																		
STREET ADDRESS	EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	STA MARTA, COLUMBIA,		CITY-ST-ZIP																																																																																																																																																		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																
NAME	QUINTERO, LINA MARIA		NAME																																																																																																																																																		
STREET ADDRESS	EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	STA MARTA, COLUMBIA,		CITY-ST-ZIP																																																																																																																																																		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																
NAME	QUINTERO, MARIA N		NAME																																																																																																																																																		
STREET ADDRESS	14525 SW 293 ST		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	HOMESTEAD, FL 33033		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																																																																																																																																																		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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 registered or trustee empowered to execute this report as required by Chapter 907, 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: <i>[Signature]</i> 4-23-04 (305) 245-9549 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					