

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90072 032 ***150.00

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 13487 Sw 278 terrace Suite, Apt. #, etc.		3. Mailing Address 13487 Sw 278 terrace Suite, Apt. #, etc.	
City & State Homestead, FL		City & State Homestead, FL	
Zip 33032		Zip 33032	
Country DADE		Country DADE	
4. FEI Number 65-1102121		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORJUELA, JOSE JR. 19334 S.W. 121TH COURT MIAMI, FL 33177		7. Name and Address of New Registered Agent Name ORJUELA JOSE JR. Street Address (P.O. Box Number is Not Acceptable) 13487 Sw 278 terrace City Homestead FL Zip Code 33032	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORJUELA, JOSE JR. 14535 SW 293 ST HOMESTEAD, FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORJUELA, JOSE JR. 13487 SW 278 terrace Homestead, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTERO, PEDRO NEL EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402 STA MARTA, COLUMBIA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINTERO, LINA MARIA EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402 STA MARTA, COLUMBIA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINTERO, MARIA N 14525 SW 293 ST HOMESTEAD, FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORJUELA, MARIA N. 13487 SW 278 terrace Homestead, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Maria Chelly Quintero</u> 2-8-05 (305) 216-1380. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			