


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.

01312005 Chg-P CR2E034 (10/03)

City & State
Homestead, FL

City & State
Homestead, FL

4. FEI Number
65-1102121

Applied For
 Not Applicable

Zip Country
33032 Dade

Zip Country
33032 Dade

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORJUELA, JOSE JR. 14535 SW 293 ST HOMESTEAD, FL 33033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTERO, PEDRO NEL EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402 STA MARTA, COLUMBIA,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINTERO, LINA MARIA EDIFICIO SILVIA ROSA KRA 17 NO 26A45 A#402 STA MARTA, COLUMBIA,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINTERO, MARIA N 14525 SW 293 ST HOMESTEAD, FL 33033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORJUELA, JOSE JR. 13487 SW 278 terrace Homestead, FL 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORJUELA, MARIA N. 13487 SW 278 terrace Homestead, FL 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *Maria Chelly Quintero* 2-8-05 (305) 216-1380.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #