

2010 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000049266

1. Entry Name

MHD CONCRETE CONSTRUCTORS, INC.



SEAL OF THE STATE OF FLORIDA
DIVISION OF REVENUE

10 JUN -9 AM 9:21

Principal Place of Business

Mailing Address

PO BOX 4154
MIAMI BEACH FL 33141

[REDACTED]



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

9800 W. BAY HARBOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

509

1st MOORE

CR2E034 (10/06)

City & State

City & State

BAY HARBOR IS.

FLORIDA

4. FEI Number 65-1118693

Applied For

Not Applicable

Zip

Country

Zip

Country

33154

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARSON, K
3640 NW 16TH ST
LAUDERHILL FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
D
MEYERS, H
3640 NW 16TH ST
LAUDERHILL FL 33311 ☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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GARSON, K
3640 NW 16TH ST
LAUDERHILL FL 33311 ☐ Delete

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05/28/10--01020--010 **\$150.00 ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

H. Meyers Pres.

5/4/10 305-781-7520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #