

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90268 008 \*\*\*150.00

94062393



04072004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1119010** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # P01000061921**  
1. Entity Name  
**H. ROSALES CONCRETE PUMPING, INC.**



Principal Place of Business  
**47 W 13 STREET APT 2  
HIALEAH, FL 33010**

Mailing Address  
**47 W 13 STREET APT 2  
HIALEAH, FL 33010**

2. Principal Place of Business  
**8075 NW 7 ST.  
Suite, Apt. #, etc.  
# 204  
City & State  
Miami FL  
Zip 33126 Country MIAMI-DADE**

3. Mailing Address  
**8075 NW 7 STREET  
Suite, Apt. #, etc.  
# 204  
City & State  
Miami FL  
Zip 33126 Country MIAMI-DADE**

6. Name and Address of Current Registered Agent  
**ROSALLES, HILMO  
47 W 13 STREET APT 2  
HIALEAH, FL 33010**

7. Name and Address of New Registered Agent  
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 reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSALLES, HILMO 47 W 13 STREET APT 2 HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSALLES, HILMO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8075 NW 7 STREET apt 204 MIAMI FL 33126
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
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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:** Hilmo Rosales 04-18-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #