2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P01000075200 DOCUMENT # 05-01-2003 90126 048 ***150.00 1. Entity Name DESIGN SHOTCRETE, INC. Principal Place of Business Mailing Address **0000J3 1810 WEST 79TH STREET 1810 WEST 79TH STREET HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1150310 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 1810 WEST 79TH STREET HIALEAH FL 33014 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME RODRIGUEZ, FRANCISCO C NAME STREET ADORESS 1810 WEST 79TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH FL 33014 TITLE ☐ Delete TITLE ☐ Change Addition NAME RODRIGUEZ, MIGUEL A NAME STREET ADDRESS STREET ADDRESS 1810 WEST 79TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachme

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

FILED