

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000087621 1. Entity Name AFR CONCRETE, INC.				
Principal Place of Business 8 SOUTH PRICE STREET LAKE WORTH, FL 33461		Mailing Address 8 SOUTH PRICE STREET LAKE WORTH, FL 33461		
DO NOT WRITE IN THIS SPACE		 04202004 No Chg-P CR2E034 (10/03)		
		4. FEI Number 90-0032952 Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FLORES, ANDRES 8 SOUTH PRICE STREET LAKE WORTH, FL 33461		DO NOT WRITE IN THIS SPACE		
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 resigning) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000158199 05/07/04-80011-017 150.00		
TITLE	D			
NAME	FLORES, ANDRES			
STREET ADDRESS	8 SOUTH PRICE STREET			
CITY- ST- ZIP	LAKE WORTH, FL 33461			
TITLE				
NAME				
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TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
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: <i>AN Flores</i>		Date _____ Daytime Phone # _____		