

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90014 026 \*\*\*150.00

<b>DOCUMENT # P01000095634</b>					
<b>1. Entity Name</b> R & R CONCRETE PUMP, INC.					
<b>Principal Place of Business</b> 6331 WEST 24 CT #107-A HIALEAH, FL 33016			<b>Mailing Address</b> 6331 WEST 24 CT #107-A HIALEAH, FL 33016		
<b>2. Principal Place of Business</b> 170 W 36 ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 170 W 36 ST Suite, Apt. #, etc.			
<b>City &amp; State</b> Hialeah FL		<b>City &amp; State</b> Hialeah FL		<b>4. FEI Number</b> 65-1142669	
<b>Zip</b> 33012		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LAZO, RAFAEL 6331 WEST 24 CT #107-A HIALEAH, FL 33016			<b>7. Name and Address of New Registered Agent</b> Name: LAZARO CARRERO Street Address (P.O. Box Number is Not Acceptable): 170 WEST 36 STREET City: Hialeah FL Zip Code: 33012		
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: D NAME: LAZO, RAFAEL <input checked="" type="checkbox"/> Delete STREET ADDRESS: 6331 WEST 24 CT #107-A CITY-ST-ZIP: HIALEAH, FL 33016			TITLE: D/P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: LAZARO CARRERO STREET ADDRESS: 170 WEST 36 ST CITY-ST-ZIP: Hialeah FL 33012		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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<b>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.</b>					
<b>SIGNATURE:</b> <span style="float: right;">1/14/04</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date: _____ Daytime Phone # _____</span>					