04-24-2007 90005 044 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118819

1. Entity Name
MELVIN CONCRETE SERVICE CORP

Principal Place of Business	Mailing Address
9377 NW 121 STREET HIALEAH GARDENS, FL 33018	9377 NW 121 STREET HIALEAH GARDENS, FL 33018

04192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10690 NW 123 ST	10690 NW 123 ST
Suite, Apt. #, etc.: Suite # 102	Suite, Apt. #, etc.: Suite # 102
City & State: MEDLEY, FL	City & State: MEDLEY, FL
Zip: 33178 Country: DADE	Zip: 33178 Country: DADE

4. FEI Number 01-0566028 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ, MELVIN
9377 NW 121 STREET
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name: MELVIN RUIZ
Street Address (P.O. Box Number is Not Acceptable): 10690 NW 123 ST
SUITE # 102
City: MEDLEY FL Zip Code: 33178

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P RUIZ, MELVIN 9377 NW 121 STREET HIALEAH GARDENS, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MELVIN RUIZ 10690 NW 123ST #102 MEDLEY, FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAVILA, MARIA T 9377 NW 121 STREET HIALEAH GARDENS, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARIA T. DAVILA 10690 NW 123 ST #102 MEDLEY, FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AB 5/4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] MARIA T. DAVILA 4-19-07 305-888-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #