

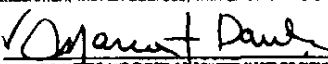
2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-24-2007 90005 044 ***150.00
P01000118819

FILED

07 MAY -3 AM 9:56

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118819			
1. Entity Name MELVIN CONCRETE SERVICE CORP			
Principal Place of Business 9377 NW 121 STREET HIALEAH GARDENS, FL 33018		Mailing Address 9377 NW 121 STREET HIALEAH GARDENS, FL 33018	
2. Principal Place of Business - No P.O. Box # 10690 NW 123 ST		3. Mailing Address 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
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 123 ST #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 MARIAT. 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	☐ 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: 		MARIAT. DAVILA 4-19-07 305-888-9970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	