2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118819

Entity Name: MELVIN CONCRETE SERVICE CORP

FILED Mar 10, 2009 Secretary of State

Sufferit Fillicipal Flace of Business. New Fillicipal Flace of Business	Current Principal Place of Business:	New Principal Place of Business
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10690 NW 123 ST 10690 NW 123 ST. RD **SUITE #102** SUITE #102

MEDLEY, FL 33178 MEDLEY, FL 33178

Current Mailing Address: New Mailing Address:

10690 NW 123 ST 10690 NW 123 ST. RD **SUITE #102** SUITE #102

MEDLEY, FL 33178 MEDLEY, FL 33178 US

FEI Number: 01-0566028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RUIZ, MELVIN RUIZ, MELVIN 10690 NW 123 ST. RD 10690 NW 123 ST SUITE #102 SUITE #102 MEDLEY, FL 33178 US MEDLEY, FL 33178 US

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.

SIGNATURE: 03/10/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address: City-St-Zip: Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete RUIZ, MELVIN RUIZ, MELVIN Name:

10690 NW 123 ST #102 Address: 10690 NW 123 ST. RD #102 MEDLEY, FL 33178 City-St-Zip: MEDLEY, FL 33178 US

Title: () Delete Title: (X) Change () Addition Name: DAVILA, MARIA T Name: DAVILA, MARIA T

10690 NW 123 ST #102 Address: 10690 NW 123 ST. RD #102 Address: City-St-Zip: MEDLEY, FL 33178 MEDLEY, FL 33178 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MELVIN RUIZ 03/10/2009