2007 FOR PROFIT CORPORATION

Jan 08, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P02000018085 01-08-2007 90246 049 ***150.00 1. Entity Name HERNANDEZ CONCRETE, INC. Principal Place of Business Mailing Address **UNITUUUTPU** 2106 SIMMONS AVE. P.O. BOX 492727 LEESBURG, FL 34749 LEESBURG, FL 34748 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 90-0023238 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, RODRIGO Street Address (P.O. Box Number is Not Acceptable) 2106 SIMMONS AVE LEESBURG, FL 34748 Zip Code 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 ature, typed or printed name of registered agent and (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE Change ☐ Addition HERNANDEZ, RODRIGO NAME STREET ADDRESS 2106 SIMMONS AVE, STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERNANDEZ, MARIO NAME NAME 2110 SIMMONS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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. ATURE AND TYPED OR PRINTED NAME OF FICER OR DIRECTOR Date Davilma Phone #

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