## 2004 FOR PROFIT CORPORATION ANNUAL REPORT .

SIGNATURE:

FILED DOCUMENT # 702000039 229 04 NOV -2 PM 12: 26 CBA CONCRETE PUMPING CORPORS SECRETARY OF STATE TALLAHASSIE, FLORIDA Principal Place of Business Mailing Address 6891W14CT 6891W14CT HIALLAHFL 33014 HIALESHIFL 33014 RENSTATING 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite Ant # etc City & State Applied For City & State 41-2040526 Not Applicable Country Zin Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CACERES SORNET Street Address (P.O. Box Number is Not Acceptable) 6891W14CT HISLEAH FL 33014 Zip Code 8. The above named entity subpairs 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 are, of registered agent and little if applicable (NOTE: flegistered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, Addition CACERES SORNET NAME NAME 6891 W14 CT 33014 STREET ADDRESS STREET ADDRESS CITY-ST-70P CHY-ST-7IP Addition Delete [7] Change TITLE TITLE MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Channe Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 900042395065 11/02/04--01027--007 \*\*150.0 Delete THE ☐ Addition NAME NAME \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutos. 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 received or trusted 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## C & A CONCRETE PUMPING CORP. 6891 W 14 CT HIALEAH FL 33014

October 15, 2004

Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

REF: C & A CONCRETE PUMPING CORP.

Document#: P02000038228

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely

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