


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90015 027 ***150.00

DOCUMENT # P02000064571 1. Entity Name P & R CONCRETE PUMP, INC.	
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Principal Place of Business 15599 S.W. 63RD TERRACE MIAMI, FL 33139	Mailing Address 15599 S.W. 63RD TERRACE MIAMI, FL 33139
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54066724



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3682765	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEMUS, ROBERTO 15599 S.W. 63RD TERRACE MIAMI, FL 33139
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**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEMUS, ROBERTO 15599 S.W. 63RD TERRACE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODRIGUEZ, PEDRO J 15599 S.W. 63RD TERRACE MIAMI, FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/04