## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000075490

1. Entity Name FASCINATION CONCRETE CORP.



FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90243 030 \*\*\*158.75

				TESE /				
Poncipal Place of Busine	SS	Mailing Address	• • • • • • • • • • • • • • • • • • •					
10939 W OKEECHOBEE RD #202 HIALEAH GARDENS. FL 33018		10939 W OKEECHOBEE RD #202 HIALEAH GARDENS, FL 33018				5403	1371	
TIMEENT GAINGERS, I'C	33010	THREEFIT GRADENS, TE	2 33010		II ÅRVIR IISV BRIN RRIN RRIN			
2. Principal Place of Bus	itiess	3. Mailing Address						
8855 N.W 146th Lane		Suite Apt #, etc						
				04052004		CR2E034 (10/03)		
City & State Miami, Fl, 33316		City & State			54-2062933 Not App		opplied For lot Applicable	
33018	MIAMI-DADE	Zip	Country	5. Certificate	e of Status Desired	\$8.75 Ad Fee Requir		
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
NAVARRO, RAMON 10939 W OKEECHOBEE RD #202				Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH GARDEN	IS, FL 33018	8855 N		N.W 1461	.W 146TH Lane			
			City <b>Mian</b>			FL 37969	de 8	
	ity submits this statement for	the purpose of changing its	s registered office or	registered agent, or b	oth, in the State of Flor			
the obligations of regr	stered agent.						i	
SIGNATURESeries Line	KI DI partied name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signatu	re required when reinstating)		DATE	[	
			···	o required months and and and				
	! FEE IS \$150.00 04 Fee will be \$550.0	79.~Election-Campa Trust Fund Con	· · ·	\$5.00 May.Be_ Added to Fees				
10.	OFFICERS AND DIRECTORS 11			ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 11	
IIIII D NAVARE	RO, RAMON	Delete	TITLE NAME				☐ Addition	
JIBLEAMARISS 10939 W OKEECHOBEE RD #202			STREET ADDRESS	8855 N.W	146TH Lan	ıe		
HIALEAH GARDENS, FL 33018			CITY-ST-ZIP	Miami,Fl,	33018			
		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS			2		
OFF ST ZIF			CITY-ŠT-ZIP				1	
mu		☐ Delete	TITLE			☐ Change	☐ Addition	
HAMI SERTET ADDRESS			NAME STREET ADDRESS				Ì	
CDY SL ZIP			CITY-ST-ZIP					
Hel		☐ Delete	TITLE			☐ Change	Addition	
STRITATORESS*			NAMÉ STREET ADDRESS					
EUY SI ZIP			CITY-ST-ZIP	~~~~				
Шп		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME CIDELL ADDRESS					
CHY SEZIP			STREET ADDRESS CITY-ST-ZIP					
901		☐ Delete	IIIŒ		<del></del>	☐ Change	☐ Addition	
NAME.			NAME STREET ADDRESS	,		_		
CINETADORISS CINY SEZIP			STREET ADDRESS CITY-ST-ZIP		•			
12. Thereby certify that t	he information supplied with	his fling does not quality to	or the exemption state	ed in Section 119.07(3	)(i), Florida Statutes. I	further certify that the	information	
indicated on this rep of the corporation or	orf or supplemental report is the receiver or trustee emoo flachment with an address.	urus and accurate and that	my signature snali na	ave the same legal effe	ect as it made under o	ath: that Lam an office	er or director - L	
спануел, огонава	nachmeni with an address	diller two empowered	n. Ramon Na			- 506 054	,	

SIGNATURE: \_

President

04/06/04 786-586-8540

Daytime Phone #