


FILED  
Mar 19, 2004 8:00 am  
Secretary of State

02-27-2004 90031 023 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000078297 1. Entity Name COMPLETE HIGHWAY IMPROVEMENT, INC.	
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Principal Place of Business 10491 SUNSET STRIP SUNRISE, FL 33322	Mailing Address 10491 SUNSET STRIP SUNRISE, FL 33322
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66406946



DO NOT WRITE IN THIS SPACE

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2051311	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

VILLALOBOS, JORGE E  
10491 SUNSET STRIP  
SUNRISE, FL 33322

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 Jorge E. Villalobos - President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/04

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLALOBOS, JORGE E 10491 SUNSET STRIP SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Moreno R. Luis Edgar 9122 "C" SW, 19th.Ct. Ft. Lauderdale, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Jorge E. Villalobos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/04 (954) 5624243