

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90069 023 ***150.00

DOCUMENT # P02000079228

1. Entity Name
STAR CONCRETE SERVICES INC.



Principal Place of Business
4703 A SOUTH MILITARY TR #10
LAKE WORTH, FL 33463

Mailing Address
4703 A SOUTH MILITARY TR #10
LAKE WORTH, FL 33463

60010904



2. Principal Place of Business

2640 S. Military Trail

Suite, Apt. #, etc.

#10

3. Mailing Address

2640 S. Military Trail

Suite, Apt. #, etc.

#10

01202006

Chg-P

CR2E034 (11/05)

City & State

West Palm Beach

City & State

West Palm Beach

4. FEI Number

55-0787325

Applied For

Not Applicable

Zip

33415

Country

Palm Beach

Zip

33415

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, PABLO E
4703 A.S. MILITARY TRAIL #10
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name **Juan Pablo Estrada**

Street Address (P.O. Box Number is Not Acceptable)

2640 S. Military Trail

City

West Palm Beach

FL

Zip Code

33415

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

1/23/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ESTRADA, JUAN P**
STREET ADDRESS **108 URQUHART ST**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/06 561-722-0047