2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082383

Entity Name: QUICKCRETE READY MIX, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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9150 NW 87 AVE MEDLEY, FL 33178

Current Mailing Address: New Mailing Address:

9150 NW 87 AVE MEDLEY, FL 33178

FEI Number: 81-0563470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEONE - MUNOZ, BARBARA SEOANE - MUNOZ, BARBARA 9150 NW 87 AVE

FORT LAUDERDALE, FL 33332 US MEDLEY, FL 33178 US

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.

SIGNATURE: BARBARA SEOANE-MUNOZ 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SEOANE-MUNOZ, BARBARA Name: SEOANE-MUNOZ, BARBARA

 Address:
 18950 SW 59 ST
 Address:
 9150 NW 87 AVE

 City-St-Zip:
 FORT LAUDERDALE, FL 33332
 City-St-Zip:
 MEDLEY, FL 33178

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SEOANE, JORGE S
 Name:
 SEOANE, JORGE S

 Address:
 122 WEST 52ND ST.
 Address:
 9150 NW 87 AVE

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:
 MEDLEY, FL 33178

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 MUNOZ, SANTOS R
 Name:
 MUNOZ, SANTOS R

 Address:
 18950 SW 59 CT
 Address:
 9150 NW 87 AVE

 City-St-Zip:
 FORT LAUDERDALE, FL 33332
 City-St-Zip:
 MEDLEY, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SEOANE MUNOZ PD 04/22/2009