

FILED
Apr 29, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000093364 1. Entity Name RLS CONCRETE, INC.			
Principal Place of Business 4839 S.W. 148 AVENUE STE 509 SOUTHWEST RANCHES, FL 33330		Mailing Address 4839 S.W. 148 AVENUE STE 509 SOUTHWEST RANCHES, FL 33330	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent SABOURIA, R.L. 14321 PEDIGREE LANE SOUTHWEST RANCHES, FL 33330		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD SABOURIN, ROBERT L 14321 PEDIGREE LANE SOUTHWEST RANCHES, FL 33330		
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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: <i>R.L. Sabourin</i> R.L. Sabourin		4/26/05 954 252 5860 <small>Date Daytime Phone #</small>	



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number **55-0794080** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 04/29/05-80005-014 150.00