


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91072 001 \*\*\*\*\*8.75  
04-26-2004 91072 002 \*\*\*150.00

<b>DOCUMENT # P02000126130</b>	
1. Entity Name <b>CHELY'S SONS CONCRETE PUMPING, INC.</b>	

Principal Place of Business <b>13593 SW 39 LANE MIAMI, FL 33175</b>	Mailing Address <b>13593 SW 39 LANE MIAMI, FL 33175</b>
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**66415280**

2. Principal Place of Business <b>13593 S.W 39 LN</b>	3. Mailing Address
Suite, Apt., #, etc.	Suite, Apt., #, etc.



04132004 Chg-P CR2E034 (10/03)

City & State <b>MIAMI FL</b>	City & State
Zip <b>33175</b>	Country

4. FEI Number <b>05-0541816</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>ALVAREZ, JOSE L 13593 SW 39 LANE MIAMI, FL 33175</b>	
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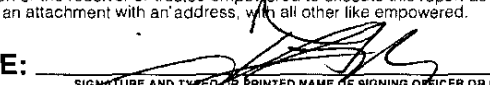
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, JOSE L</b>	NAME	<b>ALVAREZ JOSE L</b>
STREET ADDRESS	<b>13593 SW 39 LANE</b>	STREET ADDRESS	<b>13593 S.W 39 LN</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	<b>MIAMI FL - 33175</b>
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTANEIRA, RAQUEL L</b>	NAME	<b>CASTANEIRA RAQUEL</b>
STREET ADDRESS	<b>13593 SW 39 LANE</b>	STREET ADDRESS	<b>13593 S.W 39 LN</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	<b>MIAMI FL - 33175</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Date <b>4-22-04</b> Daytime Phone #