


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90012 021 \*\*\*150.00

<b>DOCUMENT # P02000134785</b>	
1. Entity Name <b>EZ CONCRETE SERVICES, INC.</b>	

Principal Place of Business <b>1899 AGORA CIRCLE UNIT 1 PALM BAY, FL 32909</b>	Mailing Address <b>1899 AGORA CIRCLE UNIT 1 PALM BAY, FL 32909</b>
---	---

02042004 Chg-P CR2E034 (10/03)



2. Principal Place of Business <b>1438 Amador Ave</b>	3. Mailing Address <b>1438 Amador Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Palm Bay FL</b>	City & State <b>Palm Bay FL</b>
Zip <b>32907</b>	Zip <b>32907</b>
Country <b>USA</b>	Country <b>USA</b>

02042004 Chg-P CR2E034 (10/03)

4. FEI Number <b>16-1645966</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ZARAGOZA, EUGENE 1460 SHEUTE AVE. #110 PALM BAY, FL 32905</b>		7. Name and Address of New Registered Agent Name <b>Eugene Zaragoza</b> Street Address (P.O. Box Number is Not Acceptable) <b>1438 Amador Ave</b> City <b>Palm Bay</b> FL Zip Code <b>32907</b>

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 *Eugene Zaragoza* **Eugene Zaragoza, Res. Agent 2/5/04** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<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"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZAARAGOZA, EUGENE 1460 SHETA AVE. #110 PALM BAY, FL 32909</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP/S/T Zaragoza, Eugene 1438 Amador Ave Palm Bay FL 32907</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eugene Zaragoza* **Eugene Zaragoza Pres 2/5/04** (321) 508-7633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #