2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-03-2004 90022 031 ***158.75

DOCUMENT # P03000010236

1. Entity Name
C-SUN-CRETE-SURE, INC.

Principal Place of Business	Mailing Address
7300 N.W. 35TH AVENUE MIAMI, FL 33147	9233 DICKENS AVENUE SURFSIDE, FL 33154

66406462

03012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9233 DICKENS AVE Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SURFSIDE, FLORIDA	City & State
Zip: 33154 Country: DADE	Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACTIVE FILINGS 10651 N.E. 11TH COURT MIAMI SHORES, FL 33138	Name: LUIS A. RAMIREZ Street Address (P.O. Box Number is Not Acceptable): 9233 DICKENS AVENUE City: SURFSIDE FL Zip Code: 33154

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 _____ 3/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P RAMIREZ, LUIS A 9233 DICKENS AVENUE SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RAMIREZ, MARIA A 9233 DICKENS AVENUE SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAMIREZ, MARIA A 9233 DICKENS AVENUE SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAMIREZ, MARIA A 9233 DICKENS AVENUE SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 3/1/04 (305)864-7065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #