
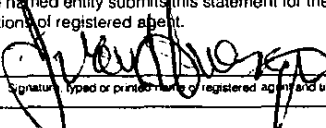
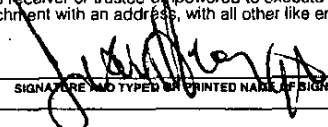


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90072 044 \*\*\*150.00

<b>DOCUMENT # P03000029764</b>					
1. Entity Name <b>TROPICAL CONCRETE STAMPING &amp; PUMPING, CORP.</b>					
Principal Place of Business <b>650 E 46TH ST HIALEAH, FL 33013</b>			Mailing Address <b>650 E 46TH ST HIALEAH, FL 33013</b>		
2. Principal Place of Business <b>646 E 46 ST</b>		3. Mailing Address <b>646 E 46 ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HIALEAH FL</b>		City & State <b>HIALEAH FL</b>		4. FEI Number <b>61-1445366</b>	
Zip <b>33013</b>		Country <b>MIAMI-DADC</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORDERO, CARLOS M JR 650 E 46TH ST HIALEAH, FL 33013</b>			7. Name and Address of New Registered Agent  Name <b>JUAN CARLOS HUERGO</b> Street Address (P.O. Box Number is Not Acceptable) <b>646 E 46 ST</b> City <b>HIALEAH FL</b> Zip Code <b>33013</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 obligation of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CORDERO, CARLOS M JR 650 E 46TH ST HIALEAH, FL 33013 <input checked="" 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	VD HUERGO, JUAN C 650 E 46TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HUERGO, JUAN C 646 E 46 ST HIALEAH FL 33013 <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	VD CORDERO, ELISA 646 E 46 ST HIALEAH FL 33013 <input type="checkbox"/> Change <input checked="" 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**40031207**



01112005 Chg-P CR2E034 (10/03)