FILED Feb 23, 2004 8:00 am **Secretary of State**

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DOCUMENT # P03000034501 02-23-2004 90035 029 ***158.75 P.C. SHOTCRETE, INC Principal Place of Business Mailing Address 12505 SW 189TH ST MIAMI, FL 33177 12505 SW 189TH ST MIAMI, FL 33177 2. Principal Place of Business
13356 SW 46th Lan 3. Mailing Address 13356 SW Ypty Can Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 CR2E034 (10/03) 4. FEI Number 45-0509060 City & State City & State Applied For -loni¢ diami 11ami Not Applicable Countr \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALMEIDA, CELIO 12505 SW 189TH ST Street Address (P.O. Box Number is Not Acceptable MIAMI, FL 33177 11 am 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 SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ALMEIDA, CELIO NAME NAME STREET ADDRESS 12505 SW 189TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP President TITLE ☐ Delete TITLE Change ☐ Addition PARRADO, PEDRO Pedro Parado NAME NAME STREET ADDRESS 12505 SW 189TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR