2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000034501 , 1. Entity Name P.C. SHOTCRETE, INC						cretary	of State
Principal Plac 13356 SW 4 MIAMI, FL 3	IGTH LANE	Mailing Address 13356 SW 46TH LANE MIAMI, FL 33175				T NATUR TOUR MINUS BILLS	
DO NOT WRITE IN THIS SPACE				02082005 4. FEI Numbe 45-050		CR2E034 (10,	/03) Applied For Not Applicable 5 Additional
	6. Name and Address of Current Reg	ristered Agent				Fee Re	quired
PARRADO, PEDRO 13356 SW 46TH LANE MIAMI, FL 33175			DO NOT WRITE IN THIS SPACE				
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 Signalure induce or priviled 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, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees	U00000 02/25/05-)243514 -80039-022	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRADO, PEDRO 13366 SW 46TH LANE MIAMI, FL 33175	ĒCTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST - PARRADO, PEDRO 12505 SW 189TH ST MIAMI, FL 33177 -						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		- TOTAL MANAGEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SP	ACE	-
Title Name Street address City-St-Zip				··			
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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

SIGNATURE: