

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90069 017 \*\*\*150.00

**DOCUMENT # P03000038961**

1. Entity Name  
**LIMA CONCRETE, INC.**



Principal Place of Business  
**19516 SW 25TH COURT  
MIRAMAR, FL 33029**

Mailing Address  
**19516 SW 25TH COURT  
MIRAMAR, FL 33029**

2. Principal Place of Business  
**18455 MIRAMAR PKWAY  
Suite, Apt. #, etc.  
164**

3. Mailing Address  
**18455 MIRAMAR PKWAY  
Suite, Apt. #, etc.  
164**

City & State  
**MIRAMAR FL**  
Zip  
**33029** Country

City & State  
**MIRAMAR FL**  
Zip  
**33029** Country

04172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**11-3687825**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LIMA, JORGE A  
19516 SW 25TH COURT  
MIRAMAR, FL 33029**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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 **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIMA, JORGE A	
STREET ADDRESS	19516 SW 25TH COURT	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIMA, SONYA	
STREET ADDRESS	19516 SW 25TH COURT	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/04  
Date

(305) 825-1770  
Daytime Phone #