2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038961

1. Entity Name
LIMA CONCRETE, INC.

Principal Place of Business

18455 MIRIMAR PKWY
164
MIRAMAR, FL 33029

Mailing Address

18455 MIRIMAR PKWY
164
MIRAMAR, FL 33029

DO NOT WRITE IN THIS SPACE

04182005   No 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

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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, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000325279
04/23/05-80009-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	LIMA, JORGE A	
STREET ADDRESS	19516 SW 25TH COURT	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	VD	
NAME	LIMA, SONYA	
STREET ADDRESS	19516 SW 25TH COURT	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE
IN THIS SPACE

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: _____   4/19/05   954-450.7086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #