2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM **DOCUMENT # P03000039783 Secretary of State** 1. Entity Name HDM CONCRETE CORP. Principal Place of Business Mailing Address 9210 SW 68 STREET 9210 SW 68 STREET MIAMI, FL 33173 MIAMI, FL 33173 CR2E034 (11/05) 01112008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2346168 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HERNANDEZ, JUANA M DO NOT WRITE 9210 SW 68 STREET IN THIS SPACE MIAMI, FL 33173 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. Signeture, 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD υm DIAZ, CESAR NAME STREET ADDRESS 9210 SW 68 STREET U00000783248 01/16/08-80007-011 158.75 CITY-ST-ZIP MIAMI, FL 33173 VSD TITLE HERNANDEZ, JUANA M NAME STREET ADDRESS 9210 SW 68 STREET CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE JULIAND TYPED OR PRINTED NAME OF FUNDING OFFICER OR DIRECTOR DESCRIPTION DATE DATE DATE DATE DATE DESCRIPTION DESCRIPTION DE LA CONTROL DE DESCRIPTION DE DESCRIPTION DE LA CONTROL DEL CONTROL DE LA CONTROL DEL CONTROL DE LA CONTROL DE LA CONTROL DE LA CONTROL DEL CONTROL DE LA CONTROL