

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90104 029 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000039909**

1. Entity Name:  
**SOUTH GROUP CONCRETE, INC.**



Principal Place of Business  
**11826 BRENFORD CREST DR.  
RIVERVIEW, FL 33569**

Mailing Address  
**11826 BRENFORD CREST DR.  
RIVERVIEW, FL 33569**



2. Principal Place of Business

**2512 Nettlow Ln**

3. Mailing Address

**2512 Nettlow Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212006 Chg-P CR2E034 (11/05)

City & State

**Wimauma FL**

City & State

**Wimauma FL**

4. FEI Number  
**75-3111429**

Applied For  
☐ Not Applicable

Zip

**33598**

Country

**USA**

Zip

**33598**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**BECERRA, EVELIA  
11826 BRENFORD CREST DR.  
RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2512 Nettlow Lane**

City

**Wimauma**

FL

Zip Code

**33598**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: **D** ☐ Delete  
NAME: **BECERRA, EVELIA**  
STREET ADDRESS: **11826 BRENFORD CREST DR.**  
CITY-ST-ZIP: **RIVERVIEW, FL 33569**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME: **2512 Nettlow Ln**  
STREET ADDRESS: **Wimauma FL 33598**  
CITY-ST-ZIP: **Wimauma FL 33598**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/06**

Date

**(813) 967-6329**

Daytime Phone #