

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093694 1. Entity Name C&C CONCRETE PUMPING UNLIMITED, INC.								04 APR -9 AMII: 49				
Principal Place of Business PO BOX 526406 MIAMI, FL 33152				Mailing Address PO BOX 526406 MIAMI, FL 33152			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01222004	Chg-P	CR2E	034 (10/03)	MRI
City & State				City & State				4. FEI Numb	7~·/~			plied For t Applicable
Zip .	Country			Zip Registered Agent		Country			e of Status Desired		\$8.75 Add Fee Require	litional d
		Name		7. Name an	d Address of New F	Registered	Agent					
BLANCO, MARIANA 5838 MASTERS BLVD ORLANDO, FL 32819						Street Addr	re .		i Bernard: W 107 th St			
ORLANDO, FL 32819						_		Florida 3		1		
!		**				City					Zip Code	9
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 Potterus C Buraculature (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWII! 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 A	AND DIREC		11.	·····			/CHANGES TO OFF			
TITLE NAME	D Delah BERNARDINI, PATRICIA				TITLE NAM		6000329 ⁻ 04/16/0401064			008	**150.	Addition
STREET ADDRESS CITY-ST-ZIP	PO BOX 5					ET ADDRESS - ST-ZIP		4 1.7				
TITLE	. Delete										☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						E ET ADDRESS -ST-ZIP						
TITLE	☐ Delete							.			☐ Change	Addition
NAME STREET ADDRESS					NAMI STRE	E Et address						
CITY-ST-ZIP	<u> </u>				-	-ST-ZIP						
TITLE NAME				☐ Delete	TITLE NAM	•					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP						
TITLE NAME				☐ Delete	TITLE	i i					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS - ST- ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP						E Et address -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: Patricia C Beugelie 21004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daystime Phone #												