## FILED May 07, 2007 8:00 am Secretary of State

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	AN	NUAL	REPO	RT	

ANNUAL REPORT					05-07-2007 90061 032 ***150.00							
DOCUMENT # P03000151483  1. Entity Name						(	J3-07-2007	90001 03	52 ***130	.00		
CARLOS DELGADO CONCRETE, INC.								_				
Principal Place of Business Mailing Address					1		40106	915				
134 NORTH STEWART AVENUE DELAND, FL 32720				134 NORTH STEWART AVENUE DELAND, FL 32720				40100				
2. Principal Place of Business - No P.O. Box #			3.	3. Mailing Address						D)  <b>0</b>    <b>0</b>    <b>1</b>    1   1   1   1   1   1   1  1  1  1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02142007	Chg-P	CR2E	34 (12/06)		
City & State		'	City & State			İ	4. FEI Number 56-24223	316		<u> </u>	plied For t Applicable	
Zip		Country		Zip Coun		itry		5. Certificate of		\$8.75 Additional Fee Required		
	6. Name	and Address of Cui	rrent Regis	tered Agent			L	7. Name and A	ddress of New	Registered		
DELGADO	CABLO	·				Name						
DELGADO, CARLOS 134 NORTH STEWART AVENUE DELAND, FL 32720					Street Address (P O Box Number is Not Acceptable)							
									· · · · · · · · · · · · · · · · · · ·		7:n Code	
				·		City			<del></del>	FL		
8. The above the obligati	named entit ions of regist	y submits this statem tered agent.	ent for the p	ourpose of changing its	register	ed office or reg	gistere	ed agent, or both,	in the State of	Horida Tam	tamiliar with,	and accept
SIGNATURE_												
<del></del>	Signature, typed	or printed riame of registered	dagent and tive	il applicable (NO*	E Registera	-U Agent signature re	өдинөсі	when reinstating)		DATE		_
FILI		FEE IS \$150.00 7 Fee will be \$5		9. Election Campa Trust Fund Con				00 May Be ed to Fees			ي فر	
10.		OFFICERS	AND DIRE	CTORS	11.			ADDITIONS/C	HANGES TO O	FFICERS AN	DIRECTOR	S IN 11
TITLE NAME	PSTD	O CARLOS		☐ Delete	DIL	ł					☐ Change	☐ Addition
STREET ADDRESS	DELGADO, CARLOS  134 NORTH STEWART AVENUE  STR				EET ADDRESS						1	
CITY-ST-ZIP	l e				r-ST-ZiP				,			
TITLE Namë				☐ Delete	TITU	i					☐ Change	☐ Addition
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TITLE	<del></del>				TITL						☐ Change	☐ Addition
NAME	İ				NAN							
STREET ADORESS CITY-ST-ZIP				-		EE1 AODRESS 7- ST-ZIP						
JITLE				☐ Defate	TITE	.E					☐ Change	Addition
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CITY-ST-ZiP	<u> </u>					C ST ZIP			_			
TITLE	<u> </u>			☐ Delate	III						Change	Addition
NAME STREET ADDRESS	l 				NAM SIH	LEI ADDRESS						
CATY-ST-ZIP					CIT	r ST ZIP		··-	·····			
TITLE NAME	[			☐ Delete	TITL NAM						☐ Change	Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP						Y-ST ZIP						
12. I hereby certify that the information supplied with this filling 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.												
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SIGNATURE: Varios Digado 5-1-07 SIGNATURE AND TYPEDER PRINCED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylore Phone 8												