2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000019331 01-24-2005 90044 010 ***150.00 GRAY 8 CONCRETE, CORP. Mailing Address Principal Place of Business 2701 S.W. 190 AVENUE 2701 S.W. 190 AVENUE MIRAMAR, FL 33029 MIRAMAR, FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 65-1216111 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GuTierrez Virailio ROSAL, LAILA S Street Address (P.O. Box Number is Not Acceptable) 2701 S.W. 190 AVENUE MIRAMAR, FL 33029 2701 SW 190 Auenue Zip Code 33029 City Millamar 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 01-18-2005 SIGNATURE. (NOTE: Registered Agent signature required when renstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE **GUTIERREZ, VIRGILIO R** NAME NAME STREET ADDRESS STREET ADORESS 2701 S.W. 190 AVENUE CITY-ST-ZIP CETY-ST-ZIF PEMBROKE PINES, FL. 33029 ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐.Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-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. 01-18-2005 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF GOFFICER OF DIRECTOR Daytime Phone

FILED

Jan 24, 2005 8:00 am

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