


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90040 036 \*\*\*159.00

<b>DOCUMENT # P04000020043</b>			
1. Entity Name PERFECTION CONCRETE INC.,			
Principal Place of Business 1237 NW 16 STREET FORT LAUDERDALE, FL 33311 US		Mailing Address 1237 NW 16 STREET FORT LAUDERDALE, FL 33311 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1237 NW 16 ST		Suite, Apt. #, etc. 1237 NW 16 ST	
City & State Fort Lauderdale FLA.		City & State Fort Lauderdale	
Zip 33311	Country Broward	Zip 33311	Country Broward
4. FEI Number 20-0656695		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAWTON, MICHELLE 1237 NW 16 STREET FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Courtney McGray Street Address (P.O. Box Number is Not Acceptable) 1237 NW 16th ST City Ft Laud FL Zip Code 33311	
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: <u>Courtney McGray</u> DATE: <u>3/11/05</u> <small>Signature (type or printed name of registered agent and file if applicable) (NOTE: Registered Agent's signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWTON, MICHELLE 1237 NW 16 STREET FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Courtney McGray 1237 NW 16 Street Fort Lauderdale, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCRAY, COURTNEY 1237 NW 16 STREET FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Courtney McGray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/11/05</u> Daytime Phone # <u>954-818-4917</u>	

New Pres.

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