

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90016 019 \*\*\*150.00

DOCUMENT # P04000055759

1. Entity Name  
CESAR ARZATE C & A CONCRETE INC.



Principal Place of Business

4472 TRANSPORT RD  
BARTOW, FL 33830

Mailing Address

4472 TRANSPORT RD  
BARTOW, FL 33830

2. Principal Place of Business

4210 Martin Place  
Suite, Apt. #, etc.

3. Mailing Address

4210 Martin Place  
Suite, Apt. #, etc.

City & State

Bartow FL

City & State

Bartow FL

4. FEI Number

20-0918312

Applied For

Not Applicable

Zip

33830

Country

USA

Zip

33830

Country

USA

02262006

Chg-P

CR2E034 (11/05)

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, PAMELA A  
1104D CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME ARZATE, CESAR  
STREET ADDRESS 4472 TRANSPORT RD  
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☒ Change ☐ Addition  
NAME 4210 Martin Place  
STREET ADDRESS BARTOW FL 33830  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: *X. Cesar Arzate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-06-06 (843) 412-3319  
Date Daytime Phone #