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Secretary of State
05-02-2005 90395 023 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

14013278

DOCUMENT # P04000057015

1. Entity Name
PUMAS CONCRETE, CORP.

Principal Place of Business	Mailing Address
2305 W 74 ST HIALEAH GARDENS, FL 33016	2305 W 74 ST HIALEAH GARDENS, FL 33016

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 7851 S.W. 56th St	3. Mailing Address: Same
Suite, Apt. #, etc.: Apt. A117	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33155 Country	Zip Country

4. FEI Number: 02-0719589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRUJILLO, YOVANY
2305 W 74 ST
HIALEAH GARDENS, FL 33016

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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUJILLO, YOVANY 2305 W 74 ST HIALEAH GARDENS, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, ADIANET 2305 W 74 ST HIALEAH GARDENS, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X ____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X 04/27/05 Date X 786-4267513 Daytime Phone #