


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90304 031 ***150.00

DOCUMENT # P04000098351

1. Entity Name
PRE-CAST SPECIALTIES, INC.



Principal Place of Business
**1380 NORTHEAST 48TH STREET
 POMPANO BEACH, FL 33064**

Mailing Address
**1380 NORTHEAST 48TH STREET
 POMPANO BEACH, FL 33064**

20038769



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04152005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1330502

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PRE-CAST SPECIALTIES HOLDING, INC.
 1380 NORTHEAST 48TH STREET
 POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent
 Name
ALFRED A. CIANELLI JR
 Street Address (P.O. Box Number is Not Accepted)
1380 NE 48TH STREET
 City
POMPANO BEACH FL Zip Code
33064

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIANELLI, FRED A 1380 NORTHEAST 48TH STREET POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CIANELLI, FRANCES A 1380 NORTHEAST 48TH STREET POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCEO CIANELLI, ALFRED A JR. 1380 NORTHEAST 48TH STREET POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD CIANELLI, ALFRED A JR. 1380 NORTHEAST 48TH STREET POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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: **Alfred A. Cianelli Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 (954) 781-4040
Date Daytime Phone #



ATTACHMENT

CINCINNATI OH 45999-0046

In reply refer to: 0224146100
Jan. 28, 2005 LTR 147C
59-1318472 000000 00 000

01179

BODC: SB

20038769

P04000098351

PRE-CAST SPECIALTIES HOLDING INC
1380 NE 48TH ST
POMPANO BEACH FL 33064-4903800



001163

Employer Identification Number: 59-1318472

Dear Taxpayer:

Thank you for the inquiry dated Nov. 18, 2004.

This letter is confirmation that the Employer Identification Number (EIN) for Pre-Cast Specialties Holding Inc is 59-1318472 and the EIN for Pre-Cast Specialties Inc is 20-1330502. ✓

If you have any questions, please call Brenda Parks at 859-669-4336 between the hours of 4:30 p.m. and 1:00 a.m.. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number *954*) *781-4040* Hours *8:00 AM - 4:30 PM*