## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P04000124308** 1. Entity Name 04-18-2005 90273 032 \*\*\*150.00 TOLEDO CONCRETE PUMP CORP. Principal Place of Business Mailing Address 7001 WEST 35 AVE 7001 WEST 35 AVE #165 HIALEAH FL 33018 HIALEAH FL 33018 2. Principal Place of Business 3. Mailing Address 1401 W 81 ST 1401 W BI ST HialeA Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number 20 - 155 6802 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7., Name and Address of New Registered Agent Avelo CLAVELO, ERNESTO 7001 WEST 35 AVE #165 HIALEAH FL 33018 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RES PRES TITLE : Delete TITLE Addition Clavelo CLAVELO, ERNESTO NAMÉ NAME 7001 WEST 35 AVENUE #165 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 -CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-7IP

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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 attackment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: