2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2007 08:00 AM Secretary of State DOCUMENT # P04000130075 L & L CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 5884 WEST 25TH COURT 5884 WEST 25TH COURT HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Numbor 57-1212046 Not Applicable Zip Country Country Zıp \$8.75 Additional 5. Cortificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CAMPOS, JORGE R Stroot Address (P.O. Box Number is Not Acceptable) 1050 WEST 46TH STREET HIALEAH FL 33012 Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered effice 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 a applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. [] Change Addition HILE ☐ Delcle ПΗГ RODRIGUEZ, LESTER NAME NAME 5884 WEST 25TH COURT STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-SI-ZIP CITY - ST- ZIP Delete Change Addition NAME. NAMI STREET ADDRESS U00000672839 STREET LADDRESS 03/29/07-80005-007 158.75 CITY-ST-74P CITY-ST-ZIP Delete ☐ Change ■ Addition HHE HHE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Change Addition ☐ Delete NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CHY-SI-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes | 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 offect as if made under eath, 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 tike empowered.

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