2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2008 08:00 AN DOCUMENT # P04000130075 Secretary of State 1. Entity Name L & L CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 5884 WEST 25TH COURT HIALEAH FL 33016 5884 WEST 25TH COURT HIALEAH FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 57-1212046 Not Applicable Zip Country Zip 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 Name CAMPOS, JORGE R 1050 WEST 46TH STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 City 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 proreal name of registered agent and title if amplicable. (NOTE Registrated Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME RODRIGUEZ, LESTER NAME STREET ADDRESS 5884 WEST 25TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition NAME U00000832023 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 02/27/08-80041-019 158.75 CITY-ST-ZIP MLE ☐ Delete TITL F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Defete Addition TITLE Change NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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SIGNATURE:

FILED