


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000042191 1. Entity Name PRO FINISH CONCRETE PUMPING, INC.						FILED 07 OCT -5 PM 4: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 8255 W. SUNRISE BLVD., #187 PLANTATION, FL 33322 <i>8255 W. SUNRISE</i>				Mailing Address 8255 W. SUNRISE BLVD., #187 PLANTATION, FL 33322																											
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																													
Suite, Apt. #, etc. <i>#187</i>		Suite, Apt. #, etc.																													
City & State <i>Plantation</i>		City & State																													
Zip <i>33322</i>		Country		Zip		Country																									
4. FEI Number 20-3599609				Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent CHANTILOUPE, GAVIL 5550 NW 44TH STREET TAMARAC, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																											
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 <i>G. Chantiloupe</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																															
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.																															
SIGNATURE: <i>G. Chantiloupe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-2-07 <small>Date</small>																											
<small>Daytime Phone #</small>																															