

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90029 050 \*\*\*158.75

**DOCUMENT # P05000047533**

1. Entity Name

H.A. CONCRETE CORP.



Principal Place of Business

3099 NW 48TH AVE  
LAUDERDALE LAKES FL 33313

Mailing Address

3099 NW 48TH AVE  
LAUDERDALE LAKES FL 33313



2. Principal Place of Business

3099 NW 48th Ave  
Suite, Apt. #, etc.  
350  
City & State  
Lauderdale Lakes, FL  
Zip  
33313 Country  
Broward

3. Mailing Address

3099 NW 48th Ave  
Suite, Apt. #, etc.  
350  
City & State  
Lauderdale Lakes, FL  
Zip  
33313 Country  
Broward

1st MOORE

CR2E034 (10/05)

City & State

Lauderdale Lakes, FL  
Zip  
33313 Country  
Broward

City & State

Lauderdale Lakes, FL  
Zip  
33313 Country  
Broward

4. FEI Number

20-264 1056

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOFIL, JOSEPH K PA  
3284 N STATE RD 7  
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

Name  
Sophia Hyatt

Street Address (P.O. Box Number is Not Acceptable)

3099 NW 48th Ave # 350

City  
Lauderdale Lakes

FL

Zip Code  
33313

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

*Sophia Hyatt*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-2-06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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  
PST  
HYATT, SOPHIA  
3099 NW 48TH AVE  
LAUDERDALE LAKES FL 33313 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

*Sophia Hyatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06

Date

Daytime Phone #