2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 08:00 AM Secretary of State

ח	OCI	IN.		NIT	#	PO	50	nn	11 .	12	በ	6	5
\boldsymbol{L}	-	ノい	/ _	1 V I	**	ıv	Ju	UU	, ,	1 4	U	u.	u

1. Entity Name
CARRION CONCRETE, INC.



Principal Place of Business

2960 ELBIB DR ST CLOUD, FL 34772-8525 Mailing Address 2960 ELBIB DR

ST CLOUD, FL 34772-8525



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	E; 3 EE E8 6E	##
02152007	No Chg-P	CR2E034 (11/05)

4. FEI Number 86-1146235 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

CARRION, CARLOS 2960 ELBIB DR ST CLOUD, FL 34772-8525

SIGNATURE:

DO NOT WRITE IN THIS SPACE

					•
8. The above the obligat	named entity submits this statement for the priors of registered agent	urpose of changing its regis	tered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Regis	itered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			<u></u>
NAME STREET ADDRESS CATY-ST-ZIP	DP CARRION, CARLOS 2960 ELBIB DR ST CLOUD, FL 347728525				U00000843360 03/01/07-80082-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/01/07-80082-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					
CITY+ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with this filt on this report or supplemental report in the ar poration or the receiver or trusted empowered or on an attachment with an address, with all	ng does not qualify for the ad accurate and that my sig to execute this report as recother like or powered.	exemptions cor nature shall hav quired by Chap	ntained in Chapter 119 /e the same legal effecter 607, Florida Statute	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if