


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90090 011 ***150.00

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| DOCUMENT # P05000138677 |  |
| 1. Entity Name SUNCOAST AGGREGATE AND SERVICES, INC. | |

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| Principal Place of Business 3808 SW 167TH AVE MIRAMAR FL 33027 | Mailing Address 3808 SW 167TH AVE MIRAMAR FL 33027 |
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| 2. Principal Place of Business 160 NW 176 ST Suite, Apt. #, etc. SUITE 306 City & State MIAMI, FLORIDA Zip 33169 Country U.S.A. | 3. Mailing Address 160 NW 176 ST Suite, Apt. #, etc. SUITE 306 City & State MIAMI FL Zip 33169 Country U.S.A. |
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1st MOORE CR2E034 (10/05)

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| 4. FEI Number 16-1736577 | 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 VEREBAY, LAYNE 888 SE 3RD AVENUE SUITE 400 FT LAUDERDALE FL 33316 | |
| 7. Name and Address of New Registered Agent Name ORLANDO WRAY Street Address (P.O. Box Number is Not Acceptable) 3808 SW 167 AVE City MIRAMAR FL Zip Code 33027 | |

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  DATE 2/14/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVS WRAY, ORLANDO 3808 SW 167TH AVE MIRAMAR FL 33027 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  ORLANDO WRAY 2/14/06 305-216-6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #