2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P05000160209** 04-30-2007 90443 005 ***150.00 1. Entity Name AMJ CONCRETE CONTRACTORS, INC. Principal Place of Business Mailing Address 4111 PONZA PLACE 4111 PONZA PLACE LANTANA, FL 33464 LANTANA, FL 33464 FL 2. Principal Place of Business - No P.O. Box # 3. Mailing Address bet office Post Office (box 22933 Suite, Apt. #, etc Suite, Apt. #, etc 03282007 Cha-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For URST PAIM beach. 20-3927813 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33-116 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GATTOZZI, KAREN B Street Address (P.O. Box Number is Not Acceptable) 1109 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD <u> 729</u> (Change ☐ Addition ☐ Delete TITLE TITLE Sanchez, Jessich NAME SANCHEZ, JESSICA NAME Post office Box 22933 STREET ADDRESS 4111 PONZA PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA, FL 33464 west Palm Beach, FL VD TITLE ☐ Delete TITLE Change ☐ Addition RAYMAN KAREN Post corice Box 22933 RAYMAN, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 4111 PONZA PLACE West Palm Beach CITY-ST-ZIP LANTANA, FL 33464 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 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 receivenor 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 attacylment with an address, with all other like empowered.

FILED Apr 30, 2007 8:00 am