


FILED
Jul 19, 2007 8:00 am
Secretary of State

40126068

DOCUMENT # P06000030524						07-19-2007 90024 033 ***150.00	
1. Entity Name JJIB CONCRETE INC							
Principal Place of Business 2700 NE 2ND AVE CAPE CORAL, FL 33909 US				Mailing Address 2700 NE 2ND AVE CAPE CORAL, FL 33909 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FORMOSA, JARED B 2700 NE 2ND AVE CAPE CORAL, FL 33909				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		P		TITLE			
NAME		FORMOSA, JARED B		NAME			
STREET ADDRESS		2700 NE 2ND AVE		STREET ADDRESS			
CITY-ST-ZIP		CAPE CORAL, FL 33909		CITY-ST-ZIP			
TITLE		VP		TITLE			
NAME		BOOKS, JUSTIN D		NAME			
STREET ADDRESS		1823 SE 13TH ST		STREET ADDRESS			
CITY-ST-ZIP		CAPE CORAL, FL 33990		CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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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 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: _____				7-16-07 (239) 340-8407			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			