


**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

<h1 style="margin: 0;">DOCUMENT # P06000038886</h1>		
<b>1. Entity Name</b> LSI DECORATIVE CONCRETE, INC		
<b>Principal Place of Business</b> 10995 NW 71ST COURT PARKLAND, FL 33076 US		<b>Mailing Address</b> 10995 NW 71ST COURT PARKLAND, FL 33076 US
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
<b>6. Name and Address of Current Registered Agent</b>		
HILSMAN, CHRISTINA 85 SE 4TH AVENUE 104 DELRAY BEACH, FL 33483		Name
		Street Address
		City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5 Ad
<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HAUER, STEPHEN R 10995 NW 71ST COURT PARKLAND, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, F.S., as amended, or on an attachment with an officer, with all other like empowered.</b>		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		