

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000040713

1. Entity Name
DIAZ BROTHERS CONCRETE PUMPING, INC.



Principal Place of Business
9695 N.W. 79TH AVENUE STE 12
HIALEAH GARDENS, FL 33016

Mailing Address
9695 N.W. 79TH AVENUE STE 12
HIALEAH GARDENS, FL 33016

DO NOT WRITE IN THIS SPACE

**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90231 003 ***150.00



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4548021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIAZ, FRANCISCO
9695 N.W. 79TH AVENUE STE 12
HIALEAH GARDENS, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIAZ, FRANCISCO
STREET ADDRESS	9695 N.W. 79TH AVENUE STE 12
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/08

Date

Daytime Phone #