2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2008 8:00 am Secretary of State DOCUMENT # P06000052168 1. Entity Name 05-09-2008 90012 033 ***150 00 JUNIOR CONCRETE INC. Principal Place of Business Mailing Address 1512 LANDCASTER AVE 1512 LANDCASTER AVE LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOX 1312 Landcaster Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 20-4678152 Ka Humpka Not Applicable ees bum Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Lake 34767 La Ke 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NIA HERNANDEZ, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 1512 LANDCASTER AVE LEESBURG FL 34748 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. 4/16/268 (NOTE: Registered Agers expeature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITE F Addition TITLE Change HERNANDEZ, ERNESTO NAME NAME STREET ADDRESS 1512 LANDCASTER AVE STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP VΡ Addition TITLE ☐ Delete TITLE ☐ Change NAME HERNANDEZ, ERNESTO SR NAME 1512 LANDCASTER AVE STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete NAME SIXTOS, LAUREANO : NAME STREET ADDRESS STREET ADORESS 1512.LANDCASTER AVE CITY-ST-7IP CITY-ST-ZIP OKAHUMPKA FL 34762 Delete ■ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE T171 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

4/16/2008

Daveme Phone #