FILED May 03, 2007 8:00 am Secretary of State

04-04-2007 90171 034 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000097997 WAJIRO CONCRETE CORP DU01~~ Principal Place of Business Mailing Address 4301 NW 197TH ST 4301 NW 197TH ST MIAMI GARDENS, FL 33055 MIAMI GARDENS, FL 33055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ARIANA 4301 NW 197TH ST Street Address (P.O. Box Number is Not Acceptable) MIAMI GARDENS, FL 33055 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 SIGNATURE Signature, trood or ormad name of registered apent and tide if applicable (FIGTE: Registered Agent signalists required when reinstating) FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES TITLE Dalete TITLE ☐ Change Applican HERNANDEZ, ARIANA NAME 4301 NW 197TH ST STREET ADDRESS STREET ADORESS CITY-S1-ZP HIALEAH GARDENS, FL 33055 CILY ST ZIP THILE Defete III F ☐ Change ☐ Addition MASA STREET ADDRESS STREET ADDRESS CITY- ST- 71P CITY-ST-ZIP IIILE Delete THE ☐ Change Accilion NAM HALAS STREET ADDRESS STREET ADDRESS CITY- 51- ZIP CiTy - \$1 - 21P HILE Delete HILL Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST- AP CHY ST-ZIP THE Delete TRUE ☐ Change ☐ Addition NAME NAMAF STREET ADDRESS STREET ACIONESS CITY-SI-ZIP CITY ST ZIP THILE Detete TIFLE ☐ Change ■ Addition NAME MAKE STREET ADDRESS STREET ADDRESS CHY-SI ZIP CITY ST 21P uling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the intermation and accurate and that my signature shall have the same legal effect as if made under oaty, that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. I hereby cartify that the information supplied we indicated on this report or supplemental residf of of the corporation or the receiver or trusted emi-changed, or on an attachment with an address. opears in Block 10 or Block 11 if SIGNATURE: _ SIGNATURE AND INPED ED NAME OF SIGNING OFFICER OF DIRECTOR