

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P93000064149**

1. Entity Name  
**WESTERN CEMENT, INC.**



Principal Place of Business  
**2455 E SUNRISE BLVD  
#1103  
FORT LAUDERDALE, FL 33304 US**

Mailing Address  
**2455 E SUNRISE BLVD  
#1103  
FORT LAUDERDALE, FL 33304 US**



01092006 No Chg-P CR2E334 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0440150**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KROKSTEDT, PETER  
2455 E SUNRISE BLVD  
#1103  
FT LAUDERDALE, FL 33304**

**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, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**P**  
NAME  
**KROKSTEDT, PETER**  
STREET ADDRESS  
**4035 NE 34TH AVE**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33308**

TITLE  
**VP**  
NAME  
**OSTROM, PETER**  
STREET ADDRESS  
**PARC INDUSTRIEL-SONAPI BLDG 7**  
CITY-ST-ZIP  
**PORT-AU-PRINCE, HATI,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/24/06-80004-003 150.00

**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:**

*Peter Krokstedt* **PETER KROKSTEDT**

**1/18/06 954-5657875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #