

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000078899

1. Entity Name
C & C CONCRETE PUMPING SERVICES, INC.



Principal Place of Business
12599 NW 107 AVE.
MIAMI, FL 33178

Mailing Address
P.O. BOX 526406
MIAMI, FL 33152

2. Principal Place of Business

3. Mailing Address
12599 NW 107 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

medley FL

City & State

medley FL

Zip

33178

Country

USA

6. Name and Address of Current Registered Agent

CANCIO, JOSE F
520 BILTMORE WAY
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 507, 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

11/31/05

305
085 1522

Date

Daytime Phone #

**FILED
Feb 04, 2005 8:00 am
Secretary of State**

02-04-2005 90046 007 ***150.00

40012687



01142005 Chg-P CR2E034 (10/03)