


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000083135</b> 1. Entity Name <b>TECHCONCRETE, INC.</b>	
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Principal Place of Business <b>802 CYPRESS BLVD. #205 POMPANO BEACH, FL 33069</b>	Mailing Address <b>802 CYPRESS BLVD. #205 POMPANO BEACH, FL 33069</b>
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07212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0842717</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent <b>RIOS, RAMON 802 CYPRESS BLVD. #205 POMPANO BEACH, FL 33069</b>
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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

**RAMON RIOS**

**07-26-04**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RIOS, RAMON 802 CYPRESS BLVD. #205 POMPANO BEACH, FL 33069</b>
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08/11/04-80003-003 558.75

**DO NOT WRITE  
IN THIS SPACE**

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

**RAMON RIOS**

**07-26-04**

Date

Daytime Phone #