
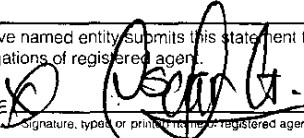
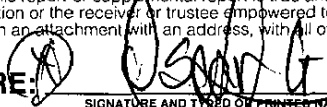


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90039 034 ***150.00

DOCUMENT # P98000022253 1. Entity Name OSCAR'S CONCRETE CONSTRUCTION, INC.			
Principal Place of Business 7922 PEMBROKE RD. MIRAMAR, FL 33023		Mailing Address 7922 PEMBROKE RD. MIRAMAR, FL 33023	
2. Principal Place of Business 18430 ORANGE GROVE BLVD.		3. Mailing Address 18430 ORANGE GROVE BLVD.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LOXAHATCHEE, FL.		City & State LOXAHATCHEE, FL.	
Zip 33470		Zip 33470	
Country 		Country 	
4. FEI Number 65-0826347		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLARDAY, OSCAR 7922 PEMBROKE RD. MIRAMAR, FL 33023		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18430 ORANGE GROVE BLVD. City LOXAHATCHEE FL Zip Code 33470	
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:  DATE: 01-20-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DS PEREZ, HUGO H 7470 JOHNSON ST HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GALLARDAY, ULISES 18924 NW 57 AVE #107 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4422 Omega Circle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition West palm beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLARDAY, OSCAR 7922 PEMBROKE RD. MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18430 ORANGE GROVE BLVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOXAHATCHEE, FL. 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		01-20-04 (561) 793-6706 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			