

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90111 045 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000050639

1. Corporation Name  
 P.D. CONCRETE, INC.

Principal Place of Business  
 19557 NW 50TH COURT  
 MIAMI FL 33055

Mailing Address  
 19557 NW 50TH COURT  
 MIAMI FL 33055



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 06/04/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0846231

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, PETRONA  
 19557 NW 50TH COURT  
 MIAMI FL 33055

81 Name JUAN C. BALLADARES

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

83 20224 NW 52 PLACE

84 City MIAMI

FL

85 Zip Code 33055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

3/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DP                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | DIAZ, PETRONA       |  |
| STREET ADDRESS | 19557 NW 50TH COURT |  |
| CITY-ST-ZIP    | MIAMI FL 33055      |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

|                    |                    |   |
|--------------------|--------------------|---|
| 1.1 TITLE          | Pres               | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | JUAN C. BALLADARES |   |
| 1.3 STREET ADDRESS | 20224 NW 52 PLACE  |   |
| 1.4 CITY-ST-ZIP    | MIAMI FL 33055     |   |
| 2.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2.2 NAME           |                    |   |
| 2.3 STREET ADDRESS |                    |   |
| 2.4 CITY-ST-ZIP    |                    |   |
| 3.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME           |                    |   |
| 3.3 STREET ADDRESS |                    |   |
| 3.4 CITY-ST-ZIP    |                    |   |
| 4.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME           |                    |   |
| 4.3 STREET ADDRESS |                    |   |
| 4.4 CITY-ST-ZIP    |                    |   |
| 5.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |                    |   |
| 5.3 STREET ADDRESS |                    |   |
| 5.4 CITY-ST-ZIP    |                    |   |
| 6.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME           |                    |   |
| 6.3 STREET ADDRESS |                    |   |
| 6.4 CITY-ST-ZIP    |                    |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034-11/98