## 2004 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT				Jul 02, 2004, 08:00 AM			
1. Entity Nam	MENT # P980000771 s in concrete, inc.			Secreta			
1127 POINS	e of Business ETTIA DRIVE CH, FL 33444	Mailing Address 1127 POINSETTIA DRIVE DELRAY BEACH, FL 33444				NWALENBER WEBLING	r 11815 8271881 21 /881
DO NOT WRITE IN THIS SPA			CE	07012004  4. FEI Number 65-086	2337	CR2E034 (1	
	A No 1411			5. Certificate	of Status Desired	Fee R	equired
6. Name and Address of Current Registered Agent OSTROW, JEFFREY M ESQ GELCH, TAYLOR, GIULANTI, KOPELOGITZ 350 E LAS OLAS BLVD., SUITE 1440 FORT LAUDERDALE, FL 33301					NOT WI		•
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  Due by September 8, 2004  9. Election Campaign Fina Trust Fund Contribution.			ncing _ \$5.	00 May Be at to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIR	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUTLER, BRUCE 1127 POINSETTIA DRIVE DELRAY BEACH, FL 33444				U000001 07/02/04-8	163085 300 <b>03-</b> 020	) 150 <b>.0</b> 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY ST. 7/P						•	

12. I hereby certify that the information supplied with this filing coes 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 in the 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 embowered 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: \_

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-330-3737