## - 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 19, 2004 8:00 am DOCUMENT # P98000106482 Secretary of State 1. Entity Name 04-19-2004 90248 042 \*\*\*150.00 QUICK CONCRETE PUMPING CORP. Principal Place of Business 8725 NW 116 ST HIALEAH GDNS FL 33018 5868 WEST 25TH COURT 54035559 HIALEAH FL 33016 3. Mailing Address 8725 NW 1/6 SF 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For 65-0884503 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTEGA, OMAR S 5868 WEST 25TH COURT Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ORTEGA, OMAR S NAME NAME 8725 NW 116 ST STREET ADDRESS 5868 W 25TH COURT STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIE CITY-ST-ZIP HILEHU GOS **VPS** TITLE ☐ Delete TITLE NAME ORTEGA, DAREL O NAME 8725 NW 1165T HINGHIEDS FC 33018 STREET ADDRESS **5868 W 25TH COURT** STREET ADDRESS CITY\_ST\_ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURÉ

APR 1 3 2004

**FILED**