

FILED
Mar 05, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000017308			
1. Entity Name CRETOMIX, INC.			
Principal Place of Business 540 BRICKELL KEY DRIVE UNIT 827 MIAMI, FL 33131		Mailing Address 540 BRICKELL KEY DRIVE UNIT 827 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE			
		02192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0913513	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARCE, JOSE E 540 BRICKELL KEY DR. UNIT 827 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE	
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 <u>JOSE E. ARCE</u> MARZO 3/2004 Signature, typed or printed name of registered agent and fees, applicable (NOTE: Registered Agent signature required when remaining) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARCE, JOSE E 540 BRICKELL KEY DRIVE, UNIT 827 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>JOSE E. ARCE</u> MARZO 3/2004 (305)358-4998 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			