2907 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 08:00 AM **Secretary of State** DOCUMENT # P99000020988 CEMENT EXPRESS, INC. Principal Place of Business Mailing Address 9815 NW 117 WAY P. O. BOX 126337 MEDLEY, FL 33178 HIALEAH, FL 33012 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0899524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRUZ, FRANCISCO O DO NOT WRITE 9815 NW 117 WAY MEDLEY, FL 33178 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. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature regulred when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE CRUZ, FRANCISCO O NAME U00000595673: STREET ADDRESS 4300 SW 74 AVE 01/23/07-80047-019 150.00 MIAMI, FL 33155 CITY-ST-ZIP TITLE CANCIO, JOSE A NAME STREET ADDRESS 4300 SW 74 AVE City-St-7IP MIAMI, FL 33155 TITLE DIAS, BERNARDO 4300 SW 74 AVE STREET ADDRESS DO NOT WRITE MIAMI, FL 33155 CITY-ST-7IP THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attachinghal with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/18/07

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