2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 15, 2004 8:00 am DOCUMENT # P99000035913 **Secretary of State** 1. Entity Name 06-15-2004 90001 048 ***550.00 M & J CONCRETE PUMPING INC. Mailing Address Principal Place of Business " 17042 NW 88TH PL 17042 NW 88TH PL MIAMI FL 33018 MIAMI FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 65-0924389 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --GONZALEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 17042 NW 88TH PL **MIAMI FL 33018** 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 the obligations of registered agent. SIGNATÜRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition GONZALEZ, JORGE 20936 SW 122ND PLACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP CITY-ST-ZIP SVD TITLE Delete ☐ Addition GONZALEZ, MARGARITA NAME NAME 20936 SW 122ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP_ TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition 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 12. Thereby 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 AND THED OR PRINTED NAME OF COMING OFFICER OR DIRECTOR

FILED