2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000035913

1. Entity Name

M & J CONCRETE PUMPING INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 11:25

Principal Place of Business

12315 N.W. 98 PL
HIALEAH FL 33018

Mailing Address

12315 N.W. 98 PL
HIALEAH FL 33018

1st MOORE CR2E034 (10/07)

2. Principal Place of Business — No P.O. Box #

Suite, Apt #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip Country

4. FEI Number 65-0924389 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JORGE
12315 N.W. 98 PL
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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.

SIGNATURE ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2009 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JORGE	NAME	
STREET ADDRESS	12315 N.W. 98 PL	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33018	CITY-ST-ZIP	
TITLE	SVD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, MARGARITA	NAME	
STREET ADDRESS	12315 N.W. 98 PL	STREET ADDRESS	600147544636
CITY-ST-ZIP	HIALEAH FL 33018	CITY-ST-ZIP	03/26/09--01020--030 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered.

SIGNATURE: Jorge Gonzalez 3-17-09 305-9866829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #