


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90127 014 ***150.00

DOCUMENT # P99000041027 1. Entity Name C D M CONCRETE CONSTRUCTION CORP.					
Principal Place of Business 8412 BARK CT. ORLANDO, FL 32810			Mailing Address 8412 BARK CT. ORLANDO, FL 32810		
2. Principal Place of Business 2020 VOTAW ROAD Suite, Apt. #, etc.		3. Mailing Address 2020 VOTAW ROAD Suite, Apt. #, etc.			
City & State APOPKA FLORIDA Zip 32703		City & State APOPKA FLORIDA Zip 32703		4. FEI Number 59-3574456 Applied For <input type="checkbox"/> Not Applicable	
Country ORANGE		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE ARAUJO, MARIA 8412 BARK CT. ORLANDO, FL 32810			7. Name and Address of New Registered Agent Name MARIA DE ARAUJO Street Address (P.O. Box Number is Not Acceptable) 2020 VOTAW ROAD City APOPKA FL Zip Code 32703		
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>Maria De Araujo</u> MARIA DE ARAUJO P.S. DATE <u>4-07-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DE ARAUJO, MARIA 8412 BARK COURT ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DE ARAUJO, MARIA 2020 VOTAW ROAD APOPKA, FLORIDA 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DE ARAUJO, CLAUDIO 8412 BARK COURT ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DE ARAUJO, CLAUDIO 2020 VOTAW ROAD APOPKA, FLORIDA 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Maria De Araujo</u> MARIA DE ARAUJO 3-07-05 (407) 886-4409 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					