

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000079303

1. Entity Name
CEMENT-IT, INC.



Principal Place of Business
**2455 SUNRISE BLVD., STE. 1103
FT. LAUDERDALE, FL 33304**

Mailing Address
**2455 SUNRISE BLVD., STE. 1103
FT. LAUDERDALE, FL 33304**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0950591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KROKSTEDT, PETER
2455 SUNRISE BLVD, STE 1103
FORT LAUDERDALE, FL 33304**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000383343
01/12/06-80047-023 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KROKSTEDT, PETER**
STREET ADDRESS **2455 SUNRISE BLVD STE 1103**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **V**
NAME **EKBERG, JONAS**
STREET ADDRESS **2455 SUNRISE BLVD STE 1103**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **A**
NAME **KROKSTEDT, LENA**
STREET ADDRESS **2455 SUNRISE BLVD STE 1103**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/05 954 565 3041
Date Daytime Phone #