

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103372

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** PRECAST MASONRY & CONSTRUCTION PRODUCTS, INC.

**Current Principal Place of Business:**

16404 93 ROAD NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16404 93 RD NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

16404 93 ROAD NORTH  
LOXAHATCHEE, FL 33470

FEI Number: 65-0964419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BANSEE, SHAM N  
Address: 16404 93 ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAM N BANSEE

PSTD

03/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date