2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # S45010 1. Entity Name LISBON CONCRETE, INC.					03-05	-2004 90013	033 ***15	50.00	
Principal Place of Business 29170 OLD DIXIE HIGHWAY HOMESTEAD, FL 33033 Mailing Address 29170 OLD DIXIE HIGHWAY HOMESTEAD, FL 33033					44015518				
	ace of Business 9074 K-00 Nonsu #, etc.	3. Mailing Address /// 5> FFT Suite, Apt. #, etc.	0 Na27		22004 Cha-P	CR2E	E034 (10/03)		
Gity & State	• <u> </u>	Çity & State		4. FE	l Number			plied For	
	HATCHER FL	Zo XAMATCHEE	A	6	5-0258093			t Applicable	
Zip و و و ق	IN Poly Beach		Country Bu	5. Ce	ertificate of Status De	sired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
MAAS, JOHN P ESQUIRE LAW OFFICES OF HELIMAN & MAAS 44 N.E. 16 STREET				dress (P.O. Bo	x Number is Not Acc	eptable)			
HOMESTEAD, FL 33030									
			City			F	L Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or	registered ager	it, or both, in the Stat	e of Florida. I ar	n familiar with,	and accept	
0,0,1,1,0,1,0	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signatur	e required when rein:	stating)	DATE			
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 Ma Added to Fe					
10.	OFFICERS AND (11.	ADD	ITIONS/CHANGES T	O OFFICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINS, MARIA 16520 SW 272 STREET HOMESTEAD, FL 20081	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	11152	8872 Rea	Nont	☐ Change	☐ Addition	
TITLE NAME	P MARTINS, JUAQUIN	☐ Delete	TITLE NAME	LOXA	ggth Rea waterce ggth Ro yatche	<u> </u>	☐ Change	Addition	
STREET ADDRESS	16520 SW 2872 STREET		STREET ADDRESS	11152	88 17 Ko	AD NOX	77		
CITY-ST-ZIP TITLE	HOMESTEAD, FL-33034	☐ Delete	CITY-ST-ZIP TITLE	LTA	4ATCH LE	2 32	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	commence of the contract of th	/	NAME STREET ADDRESS	-		~ .			
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME . STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				Onlings		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET AODRESS : CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
indicated	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my s wered to execute this report as	signature shall ha	ive the same le	gal effect as if made	under oath; that	l am an officer	or director	