## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 26, 2004 08:00 AM Secretary of State

ANITO	AL KLIONI	
DOCUMENT # S76907  1. Entity Name CHARLIE STRONG CONCRETE		
Principal Place of Business 1510 NW 3RD AVE POMPANO BEACH, FL 33060-5425 US	Mailing Address 1510 NW 3RD AVE POMPANO BEACH, FL 33060	-5425 US

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0291071

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRONG, CHARLIE

## DO NOT WRITE

POMPANO BEACH, FL 33060		IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	t applicable. (NOTE. Registered	Agent signature	prequired when relociating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	olng	\$5.00 May Be Added to Fees	,
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT D STRONG, CHARLIE 1510 NW 3RD AVE POMPANO BCH, FL	CTORS	-		U00000130554 04/26/04-80123-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, # <u>#</u>		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZEP				age as the second agency of the second agency	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated	on this report or supplemental report is true a	and accurate and that my signati	ire shall ha	ve the same legal effi	B(i), Florida Statutes. I further certify that the information ect as it made under oath; that I am an officer or director tites: and that my name appears in Block 10 or Block 11 if

SIGNATURE: