2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000028666

1. Entity Name
ANGEL CONCRETE FINISH CORP.

Principal Place of Business	Mailing Address
1305 NW 23RD CT MIAMI, FL 33125	1305 NW 23RD CT MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

01092004   No Chg-P   CR2E034 (10/03)

4. FEI Number **42-0854257** | Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPOTE, ANGEL
1305 NW 23RD CT
MIAMI, FL 33125

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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)

300002784 589
01/27/04 01012 004 **150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAPOTE, ANGEL
STREET ADDRESS	1305 NW 23RD CT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VD
NAME	CAPOTE, MIGUEL A
STREET ADDRESS	1305 NW 23RD CT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   01-15-04   (305)5100506
Date   Daytime Phone #