

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000028666**

1. Entity Name  
**ANGEL CONCRETE FINISH CORP.**



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

Mailing Address  
**1305 NW 23RD CT  
 MIAMI, FL 33125**

**DO NOT WRITE IN THIS SPACE**



04232006 No Chg-P CRZE034 (11/05)

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**

**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 \$550.00**

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

U00000535291  
 05/08/06-80047-004 150.00

**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	

**DO NOT WRITE  
 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

Date

Daytime Phone #