2007 FOR PROFIT CORPORATION

2007 08:00 AM

ANNUAL REPORT				Way 05, 200 / 08:00			
DOCUMENT # P02000135233 1. Entity Name						secreta	ary of State
ANGEL S	STAMP CONCRETE CORP.						
	e of Business	Mailing Address		1			
3061 NW 29 ST. 3061 NW 29 ST. MIAMI, FL 33142 MIAMI, FL 33142							
ş.,			02022007 No Chg-P CR2E034 (11/05)				
D	O NOT WRITE	CE	4. FEI Numb			Applied For Not Applicable	
, 			5. Certificate	e of Status Desired		8.75 Additional e Required	
	6. Name and Address of Current Re	gistered Agent	-				
MARTINEZ, ANGEL 3061 NW 29 ST.					NOT W		
MIAMI, FL 33142				IN	THIS SF	PACE	
	named entity submits this statement for t	he purpose of changing its registe	red office or registe	ered agent, or bo	oth, in the State of Fl	orida. I am far	niliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Register	ed Agent signature require	id when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		.00 May Be ded to Fees			
10.	OFFICERS AND D	RECTORS	I		-1 <u>.</u>		
TITLE	PSTD	<u> </u>	1				
NAME	MARTINEZ, ANGEL						
STREET ADDRESS CITY-ST-ZIP	3061 NW 29 ST. MIAMI, FL 33142		1				
TITLE NAME	WICHAI, LE GOTTE				05/24 05/24)0000759 /07-800	3419 001-023 150.00
STREET ADDRESS CITY-ST-ZIP							
INTLE TO NAME	•						
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME				IN	THIS SI	PACE	
STREET ADDRESS							
TITLE .			-				
NAME STREET ADDRESS							İ
CITY-ST-ZIP			4				
NAME							
STREET ADDRESS	1		1				

12. Thereby 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 receivery of rustee 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: _

CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR