

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 162424

FILED  
Feb 21, 2012  
Secretary of State

Entity Name: CONCREFORM CO.

**Current Principal Place of Business:**

C/O EDWARD A ASTOR  
2681 NE 191ST STREET  
MIAMI, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O EDWARD A ASTOR  
2681 NE 191ST STREET  
MIAMI, FL 33180 US

**New Mailing Address:**

FEI Number: 59-0614408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASTOR, EDWARD A  
2681 NE 191ST ST  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ASTOR, EDWARD A SR  
Address: 2681 NE 191ST ST  
City-St-Zip: MIAMI, FL 331802631 US

Title: TS  
Name: ASTOR, MARY J  
Address: 2681 NE 191ST ST  
City-St-Zip: MIAMI, FL 331802631 US

Title: V  
Name: MADER, RALPH C  
Address: 2681 NE 191ST ST  
City-St-Zip: MIAMI, FL 331802631 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY J ASTOR

TS

02/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date