

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 162424

**Entity Name:** CONCREFORM CO.

**Current Principal Place of Business:**

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

**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC6748285520**

**Current Mailing Address:**

C/O EDWARD A ASTOR  
2380 NE 193RD STREET  
MIAMI, FL 33180 US

**FEI Number: 59-0614408**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title	PD	Title	TS
Name	ASTOR, EDWARD A SR.	Name	ASTOR, MARY J
Address	2380 NE 193RD ST	Address	2380 NE 193RD ST
City-State-Zip:	MIAMI FL 33180-2126	City-State-Zip:	MIAMI FL 33180-2126

*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**

**SEC.-TREAS.**

**02/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date