


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 162424

1. Entity Name:
CONCREFORM CO.



Principal Place of Business - Mailing Address

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

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 2681 NE 191ST STREET
 MIAMI FL 33180



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **59-0614408** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
(NOTE: Registered Agent's signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	ASTOR, EDWARD A SR
STREET ADDRESS	2681 NE 191ST ST
CITY-ST-ZIP	MIAMI FL
TITLE	TS <input type="checkbox"/> Delete
NAME	ASTOR, MARY J
STREET ADDRESS	2681 NE 191ST ST
CITY-ST-ZIP	MIAMI FL
TITLE	V <input type="checkbox"/> Delete
NAME	MADER, RALPH C
STREET ADDRESS	2681 NE 191ST ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/08/08-80064-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **EDWARD A. ASTOR, SR** **PRESIDENT** **1/30/08** **305-931-1801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: mo Year #