


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # F11311 1. Entity Name AMARALTO CONCRETE PUMP INC.	
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Principal Place of Business 12700 N.W. 15 STREET MIAMI, FL 33182	Mailing Address P. O. BOX 940130 MIAMI, FL 33194
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DO NOT WRITE IN THIS SPACE



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2045867	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LLIZO, MARIA ELENA
19966 SW 220 STREET
MIAMI, FL 33170**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLIZO, ANGEL A 19966 SW 220 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS LLIZO, MARIA 19976 SW 220 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LLIZO, ALEXIS 19966 SW 220 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LLIZO, AMADO 19966 SW 220 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LLIZO, ARMANDO 19966 SW 220 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/30/07-80013-010 150.00

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: *Maria Elena Llizo* **Maria E. Llizo** 03/19/07 ⁽³⁰⁵⁾ 477-0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #