

**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.**



Principal Place of Business  
**12700 N.W. 15 STREET  
MIAMI, FL 33182**

Mailing Address  
**P. O. BOX 940130  
MIAMI, FL 33194**



03162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2045867**

Applied For  
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

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

U000000675299  
03/30/07-80013-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maria E. Llizo*

03/19/07

Date

(305)  
477-0818

Daytime Phone #