

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90067 004 \*\*\*150.00

40037423



01302007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P00000023887</b> 1. Entity Name <b>JORGE CONCRETE, INC.</b>			
Principal Place of Business <del>250 BEACON BLVD.</del> <del>MIAMI, FL 33135</del>		Mailing Address <del>250 BEACON BLVD.</del> <del>MIAMI, FL 33135</del>	
2. Principal Place of Business - No P.O. Box # <b>1700 SW 99 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>1700 SW 99 CT.</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL.</b> Zip <b>33165</b> Country		City & State <b>MIAMI, FL.</b> Zip <b>33165</b> Country	
4. FEI Number <b>65-0992433</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VENEREO, JORGE</b> <del>250 BEACON BLVD.</del> <del>MIAMI, FL 33135</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1700 SW 99 COURT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33165</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME VENEREO, JORGE <input type="checkbox"/> Delete STREET ADDRESS <del>250 BEACON BLVD.</del> CITY-ST-ZIP <del>MIAMI, FL 33135</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS <b>1700 SW 99 COURT</b> CITY-ST-ZIP <b>MIAMI, FL 33165</b>		
TITLE VP NAME FERREIRO, INERIO <input type="checkbox"/> Delete STREET ADDRESS <del>250 BEACON BLVD.</del> CITY-ST-ZIP <del>MIAMI, FL 33135</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS <b>1700 SW 99 COURT</b> CITY-ST-ZIP <b>MIAMI, FL 33165</b>		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/30/07</b> <b>786-255-1372</b> <small>Date Daytime Phone #</small>	