


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90057 007 \*\*\*150.00

**DOCUMENT # P00000061465**

1. Entity Name  
**MANUEL ESQUIVEL CONCRETE CONTRACTOR, INC.**




Principal Place of Business      Mailing Address  
**5246 NW GAMMA STREET**      **5246 NW GAMMA STREET**  
**PORT ST. LUCIE, FL 34996**      **PORT ST. LUCIE, FL 34996**

**20007920**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5548 NW Cordrey Street**      **5548 NW Cordrey Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Port St Lucie, FL**      **Port St Lucie, FL**  
 Zip      Country      Zip      Country  
**34986**      **US**      **34986**      **US**



03292007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-1027054**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ESQUIVEL, MANUEL H**  
**5246 NW GAMMA STREET**  
**PORT ST. LUCIE, FL 34996**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5548 NW Cordrey Street**  
 City      State      Zip Code  
**Port St Lucie**      **FL**      **34986**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DPST	<input type="checkbox"/> Delete
NAME	ESQUIVEL, MANUEL H	
STREET ADDRESS	5246 NW GAMMA STREET	
CITY - ST - ZIP	PORT ST. LUCIE, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESQUIVEL, FELILIANO	
STREET ADDRESS	5246 NW GAMMA ST.	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESQUIVEL, CANDIDO	
STREET ADDRESS	5246 NW GAMMA STREET	
CITY - ST - ZIP	PORT ST. LUCIE, FL 34996	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5548 NW Cordrey Street	
STREET ADDRESS	5548 NW Cordrey Street	
CITY - ST - ZIP	Port St Lucie FL 34986	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5548 NW Cordrey Street	
STREET ADDRESS	5548 NW Cordrey Street	
CITY - ST - ZIP	Port St Lucie, FL 34986	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5548 NW Cordrey Street	
STREET ADDRESS	5548 NW Cordrey Street	
CITY - ST - ZIP	Port St Lucie, FL 34986	
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		

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: Manuel Esquivel      **Manuel Esquivel**      Date: **3-29-07**      Daytime Phone #: **(772) 216-8976**