

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061465

FILED  
Aug 25, 2008  
Secretary of State

Entity Name: MANUEL ESQUIVEL CONCRETE CONTRACTOR, INC.

**Current Principal Place of Business:**

5548 NW CORDREY STREET  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

5548 NW CORDREY STREET  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 65-1027054      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESQUIVEL, MANUEL H  
5548 NW CORDREY STREET  
PORT SAINT LUCIE, FL 34986      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST      ( ) Delete  
Name: ESQUIVEL, MANUEL H  
Address: 5548 NW CORDREY STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D      ( ) Delete  
Name: ESQUIVEL, FELILIANO  
Address: 5548 NW CORDREY STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D      ( ) Delete  
Name: ESQUIVEL, CANDIDO  
Address: 5548 NW CORDREY STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ESQUIVEL, FELICIANO  
Address: 5548 NW CORDREY STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL ESQUIVEL

P

08/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date