

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90010 001 ***150.00
08-21-2007 90010 002 *****8.75

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07082007 No Chg-P CR2E034 (11/05)

DOCUMENT # P00000100302	
1. Entity Name IMAR CONCRETE, CORP.	



Principal Place of Business 5818 SW 27TH STREET MIAMI, FL 33155	Mailing Address 5818 SW 27TH STREET MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1049290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ITURREY, MARCELINO 5818 SW 27TH STREET MIAMI, FL 33155

**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 is required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

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

OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ITURREY, MARCELINO 5818 SW 27TH STREET MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

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 I were the individual 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:

Marcelino Iturrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #